

DSHS HOPWA Program: Mock File Timeline

09/08/15

- Program Entry Date

09/10/15

- STRMU Services Start

11/20/15

- PHP Services Start

11/20/15

- PHP Services End
- Household moves to unit that meets TBRA rent standard and rent reasonableness requirements

11/30/15

- STRMU Services End

12/01/15

- TBRA Services Start

12/15/15

- Interim Recertification
- Change in Residency

01/15/15

- Interim Recertification
- Change in Income
- TBRA Earned Income Disregard Start Date

01/21/15

- TBRA Housing Choice Voucher/Other Affordable Housing Waiver

01/31/16

- Service Outcome Assessment and Program Exit Worksheet
- TBRA, STRMU, and Supportive Services outcomes recorded
- Household will not exit the program. Household will continue to the next program year.



DSHS HOPWA Program Enrollment Packet

Eligible Individual

Client Name: Bruce Wayne (SAMPLE)
(First) (Middle) (Last)

Client ID/File Number: 12345 Housing Case Manager: Blade Berkman

Household Size at Entry: 4 Adults at Entry: 4

Program Entry Date: 09/08/15 Program Exit Date: 01/31/16

File Structure Checklist

Eligibility Documentation

Eligibility must be confirmed before program entry and recertifications.

- ☒ Proof of HIV seropositivity for at least one household member
The DSHS HOPWA Program Manual outlines acceptable forms of documentation. Documentation must predate the program entry date.
- ☒ Proof of gross income for all household members 18 years of age and older
The DSHS HOPWA Determining Household Annual Gross Income Guide outlines acceptable forms of documentation, whose income is counted, and income inclusions and exclusions. Documentation must be complete and cover the 30 days preceding the program entry or recertification date.
- ☒ Proof of current residency for all household members 18 years of age and older
The DSHS HOPWA Program Manual outlines acceptable forms of documentation. The household must reside in the Project Sponsor's HIV Service Delivery Area. Documentation must be current as of the program entry or recertification date.

Program Entry

- ☒ Form A Self-Declaration of Income *(If applicable)*
- ☒ Form B Self-Declaration of Residency *(If applicable)*
- ☒ Form C Household Income Eligibility Worksheet
- ☒ Form D HOPWA Program Agreement
- ☒ Form E Demographic and Statistical Data
- ☒ Form F Consent to Release and/or Obtain Confidential Information *(Or Project Sponsor's preferred form)*
- ☒ Form G Habitability Standards Certification *(One for each assisted unit)*

Service Forms

TBRA

- ☒ Form H TBRA Rent Standard and Rent Reasonableness Certification
- ☒ Form I TBRA Worksheet
- ☒ Form J TBRA Housing Choice Voucher/Other Affordable Housing Waiver *(If applicable)*
- ☒ Utility Allowance Schedules *(If applicable)*
- ☐ Utility Reimbursement Letters *(If applicable)*

STRMU

- ☒ Form K STRMU Tracking Worksheet
- ☒ Documentation of unforeseen emergency situation

PHP

- ☒ Form L PHP Intent to Lease Worksheet

Supportive Services

- ☒ Form M Budget Worksheet *(Or Project Sponsor's preferred form)*
- ☒ Form N Housing Plan *(Or Project Sponsor's preferred form)*
- ☒ Case notes

Interim Recertifications

- ☒ Form O Interim Recertification Worksheet *(If applicable)*

Supporting Documentation

- ☒ Check Request Vouchers
- ☒ Leases, mortgages, utility bills, ledgers, etc. paid for *(Documentation must be current and predate service dates)*
- ☒ Owner IRS Form W-9(s)

Outcome Data and Program Exit

- ☒ Form P Service Outcome Assessment and Program Exit Worksheet
- ☐ Termination Letter *(If applicable)*

Proof of HIV

Proof of HIV seropositivity for at least one household member

NOTE: The DSHS HOPWA Program manual outlines acceptable forms of documentation. Documentation must predate the program entry date.

Proof of Income

Proof of gross income for all household members 18 years of age and older

NOTE: The DSHS HOPWA Determining Household Annual Gross Income Guide outlines acceptable forms of documentation, whose income is counted, and income inclusions and exclusions. Documentation must be complete and cover the 30 days preceding the program entry or recertification date.

Proof of Residency

Proof of current residency for all household members 18 years of age and older

NOTE: The DSHS HOPWA Program Manual outlines acceptable forms of documentation. The household must reside in the Project Sponsor's HIV Service Delivery Area. Documentation must be current as of the program entry or recertification date.

Self-Declaration of Income

Form A

(Must be completed by adult household members who have zero income or cannot obtain third party proof of income.)

I, Richard ("Dick") Grayson am applying for housing assistance services.
(Client/Household Member)

I understand that Housing Program regulations require collection of gross income documentation for all household members 18 years of age and older (documentation must be complete and cover the 30 days preceding the program entry or recertification date). I understand that this form is used to declare zero income or forms of income that are included in eligibility determination.

Income includes, but is not limited to:

1. Gross wages, salaries, overtime pay, commissions, fees, tips, bonuses, and other compensation for personal services
2. Net income from operation of a business or from rental or real personal property
3. Interest, dividends, and other net income of any kind for real personal property
4. Full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability/death benefits, and other similar types of periodic receipts except as provided in line 14 of Annual Income Exclusions
5. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay except as provided in line 3 of Annual Income Exclusions
6. Temporary Assistance for Needy Families (TANF), including amounts designated for shelter and utilities
7. Alimony, child support payments, and regular contributions from organizations or from persons not residing in the dwelling
8. All regular pay, special pay, and allowances of a member of the Armed Forces except as provided in line 7 of Annual Income Exclusions.

(Source: 24 CFR §574.3, §5.609)

☐ I certify I have received the following income in the last 30 days, but cannot obtain third party proof.

Please explain why you cannot obtain income documentation:

Income source: _____	Gross amount: _____	Date of receipt: _____
Income source: _____	Gross amount: _____	Date of receipt: _____
Income source: _____	Gross amount: _____	Date of receipt: _____
Income source: _____	Gross amount: _____	Date of receipt: _____

***** OR *****

☒ I certify I have received income in the last 30 days, but will not receive income from any source in the near future.
Attach documentation of individual's gross income. Documentation must be complete and cover the 30 days preceding the program entry or recertification date. Annualization of individual's income will be \$0.00.

***** OR *****

☐ I certify I have not received income in the last 30 days. I do not anticipate receiving income from any source in the near future.

I understand that third-party verification is the preferred method of confirming income. I understand self-declaration is only permitted when I have zero income or attempted but cannot obtain third party proof of income. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Housing Program, and may be grounds for termination of assistance. It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 USC §3801-3812. I agree to report any changes in income to my housing case manager immediately.

Client/Household Member Name:	<u>Richard Grayson</u>	
Client/Household Member Signature:	_____	Date: <u>09/08/15</u>
Case Manager Name:	<u>Blade Berkman</u>	
Case Manager Signature:	_____	Date: <u>09/08/15</u>

Self-Declaration of Residency

Form B

(Must be completed by adult household members who do not have or cannot obtain third party proof of current residency.)

I, Barbara Gordon am applying for housing assistance services.

(Client/Household Member)

I understand that Housing Program regulations require collection of current residency documentation for all household members 18 years of age and older (my household must reside in the Project Sponsor's Service Delivery Area and documentation must be current as of the program entry or recertification date). I understand that this form is used to declare residency for eligibility determination.

☒ I certify that I have a fixed address, but cannot obtain third party proof.

Please explain why you cannot obtain residency documentation:

I live at 123 Wayne Manor Drive, Gotham City, Texas 12345, Travis County, but I am not an authorized occupant on the lease.

Physical address:

123 Wayne Manor Drive, Gotham City, Texas 12345, Travis County

(Street and Unit)

(City)

(State)

(Zip)

(County)

Mailing address (if different):

123 Wayne Manor Drive, Gotham City, Texas 12345, Travis County

(Street/PO Box)

(City)

(State)

(Zip)

(County)

***** OR *****

☐ I certify that I do not have a fixed address and cannot provide documentation of current residency.

Physical address/location I stayed last night:

(Street and Unit)

(City)

(State)

(Zip)

(County)

Mailing address (if different):

(Street/PO Box)

(City)

(State)

(Zip)

(County)

I understand that third-party verification is the preferred method of confirming current residency. I understand self-declaration is only permitted when I do not have a fixed address or have attempted but cannot obtain third party proof of current residency. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Housing Program, and may be grounds for termination of assistance. It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 USC §3801-3812. I agree to report any changes in residency to my housing case manager immediately.

Client/Household Member Name: Barbara Gordon

Client/Household Member Signature: _____

Date: 09/08/15

Case Manager Name: Blade Berkman

Case Manager Signature: _____

Date: 09/08/15

Form C

To be eligible for the DSHS HOPWA Program, household annual gross income cannot exceed 80% of Area Median Income per the household's county of residence. Collect proof of gross income for all household members 18 years of age and older (documentation must be complete and cover the 30 days preceding the program entry or recertification date). Annual gross income is from all sources anticipated during the 12-month period following the determination date. Therefore, income must be annualized (payment data multiplied by the number of payment periods per year for all sources). The **Determining Household Annual Gross Income Guide** outlines acceptable forms of documentation, whose income is counted, income inclusions and exclusions, and calculation guidance.

(Street and Unit)	(City)	(State)	(Zip)	(County)
-------------------	--------	---------	-------	----------

Household Annual Gross Income		
1	The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.	\$ 8,984.65
2	The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the household.	\$ 0.00
3	Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in line 2 above. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the household. Where the household has net assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.	\$ 1,034.78
4	The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in line 14 of Annual Income Exclusions).	\$ 10,272.00
5	Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in line 3 of Annual Income Exclusions).	\$ 0.00
6	Welfare assistance payments. (i) Welfare assistance payments made under Temporary Assistance for Needy Families (TANF) are included in annual income only to the extent such payments qualify as assistance under the TANF program definition at 45 CFR §260.31 and are not otherwise excluded under Annual Income Exclusions. (ii) If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities plus the maximum amount that the welfare assistance agency could in fact allow the household for shelter and utilities. If the household's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.	\$ 0.00
7	Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.	\$ 0.00
8	All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in line 7 of Annual Income Exclusions).	\$ 0.00
9	Household Annual Gross Income (Sum of lines 1-8)	\$ 20,291.42
10	Enter 80% of Area Median Income per the household's county of residence for this household size.	\$ 61,450.00
<p align="center"><u>Area Median Income Tables</u></p> <p>Use the following criteria to determine income eligibility (if Line 9 is greater than Line 10, then ineligible):</p> <p>Enter the number of household members at the time of this certification: 4</p> <p>Enter the household's county of residence: Travis</p> <p>County of residence has been verified via U.S. Postal Service or other confirmation tool: Yes</p> <p align="right">Eligible</p>		

Line 1

Wages	Source 1	Source 2	Source 3	Source 4
Household member name	Alfred Pennyworth	Alfred Pennyworth		
Is member 18 or older?	Yes	Yes		
Is member a full-time dependent student?	No	No		
Income source	Butler	Gardener		
Pay frequency	Bi-weekly (every other week)	Daily/Day Labor		
Average work days per week		2.00		
Hourly pay rate	\$9.68	\$7.25	\$0.00	\$0.00
Combined wage hours of paystubs	68.00	32.00	0.00	0.00
Number of paystubs	3	8	0	0
Average wage hours per paystub	22.67	4.00	0.00	0.00
Pay frequency multiplier	26.00	52.00	0.00	0.00
Annualization	\$5,704.75	\$3,016.00	\$0.00	\$0.00

Salaries	Source 1	Source 2	Source 3	Source 4
Household member name				
Is member 18 or older?				
Is member a full-time dependent student?				
Income source				
Pay frequency				
Amount received per paystub	\$0.00	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	0.00	0.00	0.00	0.00
Annualization	\$0.00	\$0.00	\$0.00	\$0.00

Overtime	Source 1	Source 2	Source 3	Source 4
Household member name	Alfred Pennyworth			
Is member 18 or older?	Yes			
Is member a full-time dependent student?	No			
Income source	Butler (Batcave Hours)			
Pay frequency	Bi-weekly (every other week)			
Average work days per week				
Overtime pay rate	\$10.15	\$0.00	\$0.00	\$0.00
Combined overtime hours of paystubs	3.00	0.00	0.00	0.00
Number of paystubs	3	0	0	0
Average overtime hours per paystub	1.00	0.00	0.00	0.00
Pay frequency multiplier	26.00	0.00	0.00	0.00
Annualization	\$263.90	\$0.00	\$0.00	\$0.00

Line 3

Note: Do not duplicate information from Line 4.

Total cash value of assets	\$55,679.00	Passbook rate:	0.06%
Total earnings or other income	\$1,034.78	Imputed income:	\$33.41
Total periodic withdrawals	\$0.00	When the total cash value of assets exceeds \$5,000.00, annual asset income will be the greater of the actual income or imputed income.	
Total periodic payments	\$0.00		
Bank accounts	Source 1	Source 2	Source 3
Household member name			
Asset type			
Asset value	\$0.00	\$0.00	\$0.00
Annual interest rate	0.00%	0.00%	0.00%
Can asset be converted to cash?			
Asset cash value	\$0.00	\$0.00	\$0.00
Annualization	\$0.00	\$0.00	\$0.00

Real estate	Source 1	Source 2	Source 3
Household member name			
Asset source			
Asset value	\$0.00	\$0.00	\$0.00
Outstanding mortgage	\$0.00	\$0.00	\$0.00
Cost to sell (broker fees, closing, inspections, etc.)	\$0.00	\$0.00	\$0.00
Is asset producing periodic payments (rent, etc.)?			
If receiving periodic payments, current pay frequency			
If "other," current payments per year			
If receiving periodic payments, current payment amount			
If receiving periodic payments, <u>annual</u> maintenance costs			
Asset cash value	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	0.00	0.00	0.00
Annualization	\$0.00	\$0.00	\$0.00

Line 3

Trusts		Source 1	Source 2	Source 3
Household member name		Bruce Wayne		
Asset source		Revocable trust fund		
Asset value		\$58,985.00	\$0.00	\$0.00
Annual growth estimate		1.50%	0.00%	0.00%
Annual other income (dividends, etc.)		\$150.00	\$0.00	\$0.00
Can member access annual earnings?		Yes		
Can asset be converted to cash?		Yes		
If "yes," estimated tax penalty		\$2,654.00		
If "yes," estimated other penalties		\$652.00		
Is asset periodically making payments or being withdrawn?		No		
If receiving periodic payments, current pay frequency				
If "other," current payments per year				
If receiving periodic payments, current payment amount				
If making periodic withdrawals, withdrawal frequency				
If "other," current withdrawals per year				
If making periodic withdrawals, current withdrawal amount				
Asset cash value		\$55,679.00	\$0.00	\$0.00
Pay frequency multiplier		0.00	0.00	0.00
Withdrawal frequency multiplier		0.00	0.00	0.00
Annualization		\$1,034.78	\$0.00	\$0.00

Stocks		Source 1	Source 2	Source 3
Household member name				
Asset source				
Asset value		\$0.00	\$0.00	\$0.00
Annual growth estimate		0.00%	0.00%	0.00%
Annual other income (dividends, etc.)		\$0.00	\$0.00	\$0.00
Can asset be converted to cash?				
If "yes," estimated tax penalty				
If "yes," estimated other penalties				
Is asset periodically making payments or being withdrawn?				
If receiving periodic payments, current pay frequency				
If "other," current payments per year				
If receiving periodic payments, current payment amount				
If making periodic withdrawals, withdrawal frequency				
If "other," current withdrawals per year				
If making periodic withdrawals, current withdrawal amount				
Asset cash value		\$0.00	\$0.00	\$0.00
Pay frequency multiplier		0.00	0.00	0.00
Withdrawal frequency multiplier		0.00	0.00	0.00
Annualization		\$0.00	\$0.00	\$0.00

Line 4

Note: Do not duplicate information from Line 3.				
	Source 1	Source 2	Source 3	Source 4
Social Security				
Household member name	Barbara Gordon			
Income source	Disability Income			
Pay frequency	Monthly			
If "other," payments per year				
Amount received per payment	\$856.00	\$0.00	\$0.00	\$0.00
Lump-sum for pay delay (<u>not</u> deferral)	\$0.00	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	12.00	0.00	0.00	0.00
Annualization	\$10,272.00	\$0.00	\$0.00	\$0.00
Veteran Benefits				
Household member name				
Income source				
Pay frequency				
If "other," payments per year				
Amount received per payment	\$0.00	\$0.00	\$0.00	\$0.00
Lump-sum for pay delay (<u>not</u> deferral)	\$0.00	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	0.00	0.00	0.00	0.00
Annualization	\$0.00	\$0.00	\$0.00	\$0.00
Annuities				
Household member name				
Income source				
Pay frequency				
If "other," payments per year				
Amount received per payment	\$0.00	\$0.00	\$0.00	\$0.00
Lump-sum for pay delay (<u>not</u> deferral)	\$0.00	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	0.00	0.00	0.00	0.00
Annualization	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Policies				
Household member name				
Income source				
Pay frequency				
If "other," payments per year				
Amount received per payment	\$0.00	\$0.00	\$0.00	\$0.00
Lump-sum for pay delay (<u>not</u> deferral)	\$0.00	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	0.00	0.00	0.00	0.00
Annualization	\$0.00	\$0.00	\$0.00	\$0.00

HOPWA Program Agreement

Form D

(Must be signed before program entry and before annual TBRA recertifications.)

The goals of the DSHS HOPWA Program are to help low-income persons living with HIV and their households establish or maintain affordable and stable housing, reduce their risk of homelessness, and improve their access to health care and supportive services. DSHS authorizes the following services:

- Tenant-based rental assistance
- Short-term rent, mortgage, and utility assistance
- Permanent housing placement
- Supportive services

Eligibility

- At least one of your household members must be living with HIV.
 - Your household annual gross income cannot exceed 80% of area median income per your county of residence.
 - Your household must reside in the Project Sponsor's HIV Service Delivery Area.
- Additional Service Requirements:**
- To receive tenant-based rental assistance services
 - Your household must already be housed;
 - At least one of your household members must be named on the current lease or utility bill;
 - Your gross rent must be at or below the lower of the rent standard or the reasonable rent.
 - To receive short-term rent, mortgage, or utility assistance services
 - Your household must already be housed;
 - Your household must provide proof of a recent short-term emergency situation that jeopardizes your housing stability;
 - At least one of your household members must be named on the current lease, mortgage, or utility bill;
 - Your household can receive only 21 weeks' worth of assistance in a 52 week period (alternate Caps may be in effect).
 - To receive permanent housing placement services
 - Your household can be housed or homeless;
 - Your household must locate housing;
 - At least one of your household members must be named on the PHP Intent to Lease Worksheet (Form L).
 - To receive any form of housing assistance services
 - Your housing must meet minimum Habitability Standards;
 - The Project Sponsor must obtain the owner's Internal Revenue Service Form W-9 before a check is issued for rent.

Rights

- To receive services in a non-discriminatory manner without regard to race, color, religion, sex, national origin, disability, familial status, actual or perceived sexual orientation, gender identity, or marital status.
- To have the confidentiality of your client records and all communications maintained.
- To be informed of the current terms of your residency.
- To be informed of the responsibilities of your conduct as a resident.
- To be informed of any consequences for the refusal to follow policies and procedures established by the Project Sponsor.
- To utilize the Project Sponsor grievance procedure if your rights have been violated.

Responsibilities

- Provide true and complete eligibility information.
- Engage in honest and regular communication with your housing case manager.
- Report changes in income, residency, or household composition immediately to your case manager.
- Abide by the terms of your lease.
- Pay your portion of housing costs on time.
- Maintain the safety and sanitation of your housing.
- Apply for the Housing Choice Voucher Program and other affordable housing programs, renew applications as required, and accept assistance as offered.
- Collaborate with your housing case manager to develop and comply with a comprehensive housing plan to achieve permanent sustainable housing and adhere to medical care.

Participation Acknowledgement

I have read and understand the HOPWA Program Agreement. I understand that HOPWA is a voluntary program and that my household must meet basic eligibility requirements to be considered for enrollment. I understand that financial assistance may vary from one household to another. I understand that services are needs-based and depend on funding availability, agency capacity, and adherence to my housing plan. To gain housing stability, I agree to consider ways of increasing income and decreasing non-essential expenses. I understand that non-compliance with the Responsibilities listed above may result in termination of services.

BW

(If yes, client initials)

I received the agency's termination and grievance policies or I know the location of these policies.

Client Name: Bruce Wayne (SAMPLE)

Client Signature: _____ Date: 09/08/15

Case Manager Name: Blade Berkman

Case Manager Signature: _____ Date: 09/08/15

Demographic and Statistical Data

Form E

(Must be completed before program entry and annual TBRA recertifications. Must be completed if there has been a change in household composition.)

Eligible Individual

Client Name:	Bruce Wayne (SAMPLE)	(First)	(Middle)	(Last)
Address:	123 Wayne Manor Drive, Gotham City, Texas 12345, Travis County			
	(Street and Unit)	(City)	(State)	(Zip)
Phone/Email:	512-123-4567, bruce@batcave.com			
	(Phone)	(Email)		
Emergency Contact:	Alfred Pennyworth, Butler (but basically family), 512-234-5678, alfred@batcave.com			
	(Name)	(Relationship)	(Contact Information)	

Prior Living Situation

Select the prior living arrangement of the new or continuing eligible individual.

Continuing

- ☐ Continued to receive housing assistance from the prior operating year

New

- ☐ Place not meant for human habitation (vehicle, abandoned building, bus/train/subway/airport, or outside)
- ☐ Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)
- ☐ Transitional housing for homeless persons
- ☐ Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center
- ☐ Hospital (non-psychiatric facility)
- ☐ Foster care home or foster care group home
- ☐ Jail, prison or juvenile detention facility
- ☒ Rented room, apartment, or house
- ☐ House you own
- ☐ Staying or living in someone else's (family and friends) room, apartment, or house
- ☐ Hotel or motel paid for by individual
- ☐ Other
- ☐ Don't know or Refused

Homeless Individuals

If the eligible individual is homeless at entry, select if they are a veteran and/or chronically homeless as defined in 24 CFR §578.3.

- ☐ Homeless Veteran ☒ Not Applicable
- ☐ Chronically Homeless Person

Age and Gender

Select the age range and gender of the eligible individual.

	Male	Female	Transgender M to F	Transgender F to M
Under 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 to 30 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 to 50 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 years and older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Race and Ethnicity

Select the race and ethnicity of the eligible individual.

Race

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☒ White
- ☐ American Indian/Alaskan Native & White
- ☐ Asian & White
- ☐ Black/African American & White
- ☐ American Indian/Alaskan Native & Black/African American
- ☐ Other Multi-Racial

Ethnicity

- ☐ Hispanic/Latino
- ☒ Non-Hispanic/Non-Latino

Percentage of Area Median Income

Select the Area Median Income range of the eligible individual's household per their county of residence.

- ☒ 0-30% (extremely low)
- ☐ 31-50% (very low)
- ☐ 51-80% (low)

Additional Beneficiaries

Additional beneficiaries are other household members enrolled in the DSHS HOPWA Program. Additional beneficiaries may be living with or without HIV. Enter aggregate demographic and statistical information for other household members in this section. Demographic and statistical data for the eligible individual must be entered in the previous section. The eligible individual is the household member who qualified the household for the program because they are living with HIV. While more than one person in the household may be living with HIV, only one person per household can be designated as the eligible individual. Do not include data on the eligible individual in this section.

	Name <small>(First) (Middle) (Last)</small>	DOB <small>(MM/DD/YY)</small>	Mother's maiden name	Relationship to eligible individual <small>(Do not include roommates or live-in aides.)</small>
1.	Alfred Pennyworth	06/09/55	Odell	Butler (but basically family)
2.	Barbara Gordon	09/23/87	Kean	Friend
3.	Richard Grayson	03/21/93	Lloyd	Adopted Son
4.				
5.				
6.				
7.				
8.				

HIV Status

Enter the number of beneficiaries who are HIV-positive and HIV-negative.

HIV-positive persons

0

HIV-negative persons

3

Age and Gender

Enter the number of beneficiaries by age range and gender.

	Male	Female	Transgender M to F	Transgender F to M
Under 18	_____	_____	_____	_____
18 to 30 years	1	1	_____	_____
31 to 50 years	_____	_____	_____	_____
51 years and older	1	_____	_____	_____

Race and Ethnicity

Enter the number of beneficiaries by race and ethnicity.

	Race	Ethnicity <small>(Number also Hispanic/Latino)</small>
	American Indian/Alaskan Native	_____
	Asian	_____
1	Black/African American	1
	Native Hawaiian/Other Pacific Islander	_____
2	White	_____
	American Indian/Alaskan Native & White	_____
	Asian & White	_____
	Black/African American & White	_____
	American Indian/Alaskan Native & Black/African American	_____
	Other Multi-Racial	_____

Consent to Release and/or Obtain Confidential Information

Form F

(Must be signed before program entry and before annual TBRA recertifications.)

I, Bruce Wayne (SAMPLE) authorize Project Gotham
(Project Sponsor)
to release and/or obtain the following information to/from Harvey Dent (leasing agent)
Alfred Pennyworth (emergency contact)
(Agency/Individual)

The specified information is limited to:

Harvey Dent: Housing assistance information
Alfred Pennyworth: Emergency situations

The purpose/need for disclosure:

Obtain owner's W-9 and coordinate housing assistance payments

My signature below authorizes the disclosure of specified information between the parties noted above. This authorization can be cancelled at any time in writing. The cancellation will not affect any disclosures already made prior to the notice of cancellation.

This consent expires on 09/07/16 or upon program exit.
(Date: One year or less)

Client Name: Bruce Wayne (SAMPLE)

Client Signature: _____ Date: 09/08/15

Case Manager Name: Blade Berkman

Case Manager Signature: _____ Date: 09/08/15

Habitability Standards Certification

Form G

(Must be completed before assisting a unit and annual TBRA recertifications. Must be completed if there has been a change in residency.)

Assisted units must be safe, sanitary, and compliant with all state and local housing codes, licensing requirements, or other local requirements. In addition, housing must meet all Housing Quality Standards as well as Lead-Based Paint and Fire Safety requirements to be approved. TBRA housing must be inspected. STRMU and PHP housing do not require inspections, but households must certify their housing meets all standards and requirements. Mark each standard as A for approved or D for deficient.

(Source: 24 CFR §574.310(b), §574.635, §35, and CPD-94-05)

Client Name: Bruce Wayne (SAMPLE)
(First) (Middle) (Last)

Property Address: 123 Wayne Manor Drive, Gotham City, Texas 12345, Travis County
(Street and Unit) (City) (State) (Zip) (County)

Property Contact: Harvey Dent, 222-222-2222
(Owner/Representative Name) (Contact Information)

Housing Quality Standards and Additional Requirements

A	1.	Structure and materials: The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
A	2.	Access: The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of exiting in case of fire.
A	3.	Space and security: Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.
A	4.	Interior air quality: Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
A	5.	Water supply: The water supply must be free from contamination at levels that threaten the health of individuals.
A	6.	Thermal environment: The housing must have adequate heating and/or cooling facilities in proper operating condition.
A	7.	Illumination and electricity: The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
A	8.	Food preparation and refuse disposal: All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
A	9.	Sanitary condition: The housing and any equipment must be maintained in sanitary condition.
A	10.	<p>Lead-based paint: If the structure was built prior to 1978, and a child under the age of six or a pregnant woman will reside in the property, and the property has a defective paint surface inside or outside the structure, the property cannot be approved until the defective surface is repaired by at least scraping and painting the surface with two coats of non-lead based paint. Defective paint surface means: Applicable surface on which paint is cracking, scaling, chipping, peeling or loose. If a child under age six residing in the HOPWA-assisted property has an Elevated Blood Level, paint surfaces must be tested for lead-based paint. If lead is found present, the surface must be abated in accordance with 24 CFR §35. Use the following criteria to determine if a property can be approved or is deficient:</p> <div style="display: flex; justify-content: space-between;"> <div> <p>• Date the structure was built or rehabilitated: <u>1999</u></p> <p>• A child under the age of six will reside in the property: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>• A pregnant woman will reside in the property: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> </div> <div style="border: 1px dashed black; padding: 5px; text-align: center;"> <p>N/A</p> <p><small>(If pamphlet received, client initials)</small></p> </div> </div> <p><i>If before 1978 provide a "Protect Your Family from Lead in Your Home" pamphlet.</i></p> <p><i>If before 1978 and a child under the age of six or pregnant woman will reside in the property, then visually assess. Visual assessments are unnecessary for zero-bedroom units or if unit meets other exemptions in 24 CFR §35.115(a).</i></p>
A	11.	Smoke detectors: The HOPWA Program must comply with the Fire Administration Authorization Act of 1992 (P.L. 102-522). Smoke detectors must be installed in accordance with NFPA 74, or more stringent local policies as applicable. Existing units must contain a single or multiple station smoke detector; outside each sleeping area; on each level; battery operated or hard wired; clearly audible or interconnected. Accommodations must be made for individuals with sensory impairments.

Certifications

<input type="checkbox"/> TBRA	<p>I am <u>not</u> a HUD certified inspector. I have evaluated the property above to the best of my ability and find:</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> The property meets all standards. <input type="checkbox"/> The property does <u>not</u> meet all standards. </div> <p>Case Manager Name: _____</p> <p>Case Manager Signature: _____ Date: _____</p>
<input checked="" type="checkbox"/> STRMU or PHP	<p>I have read the standards above. I certify to the best of my ability that my residence meets all standards.</p> <p>Client Name: <u>Bruce Wayne (SAMPLE)</u></p> <p>Client Signature: _____ Date: <u>09/08/15</u></p>

TBRA Rent Standard and Rent Reasonableness Certification

Form H

(Must be completed before TBRA services start and annual TBRA recertifications. Must be completed if there has been a change in residency or rent.)

The gross rent of TBRA-assisted units cannot exceed the rent standard for the unit size per the household's county of residence. Also, the gross rent must be reasonable in relation to current rents for comparable unassisted units in the private market and must not be in excess of current rents charged by the owner for comparable unassisted units. Complete this form for each proposed unit.

(Source: 24 CFR §574.320(a))

Client Name: Bruce Wayne (SAMPLE)
(First) (Middle) (Last)

IS THIS A SHARED HOUSING ARRANGEMENT?

☐ Yes ☒ No

If yes, see the DSHS HOPWA Program Manual, Appendix H for shared housing arrangement instructions.

Rent Standard

Fair Market Rent for the proposed unit size per the household's county of residence* **\$ 1,845.00**

Attach Fair Market Rent (FMR) table used. *On a unit by unit basis, Project Sponsors may increase the rent standard by up to 10 percent for up to 20 percent of the units that receive TBRA services. If using 110% of FMR, enter this value instead. ☒ 100% FMR ☐ 110% FMR

Rent Reasonableness

	Proposed Unit	Comparison Unit 1	Comparison Unit 2
Address <i>Attach documentation of comparison unit values used.</i>	456 Martha Avenue, Gotham City, Texas 12345	10500 Lakeline Mall Drive, Austin, Texas 78717	614 South 1st Street, Austin, Texas 78704
Number of Bedrooms <i>See the DSHS HOPWA Program Manual for Occupancy Standards.</i>	4	4	4
Square Feet	1896	1910	1220
Type of Unit/Construction	Apartment	Apartment	Apartment
Housing Condition	Adequate	Adequate	Adequate
Location/Accessibility	Bus stop on block, wheelchair accessible for Barbara	Bus stop on block, wheelchair accessible for Barbara	Bus stop on block, wheelchair accessible for Barbara
Amenities • Unit • Community	Standard appliances, pool, community room, grill	Standard appliances, pool, fitness center	Standard appliances, pool, community and laundry rooms
Age in Years	20	25	19
Utilities <i>Types included in the rent</i>	Water, sewer, trash	Water, sewer, trash	Water, sewer, trash
Unit Rent	\$ 1,715.00	\$ 2,445.00	\$ 2,500.00
Utility Allowance <i>If all bills paid, enter \$0.00. If not, enter appropriate utility allowances.</i>	\$ 120.00	\$ 120.00	\$ 120.00
Gross Rent <i>Unit Rent + Utility Allowance</i>	\$ 1,835.00	\$ 2,565.00	\$ 2,620.00

Average gross rent of comparison units (Sum of Comparison Units 1 & 2 divided by 2) **\$ 2,592.50**

Do not include gross rent for the proposed unit. If using a database, attach documentation of comparison value(s) used.

Certification

Enter the lower of the rent standard or reasonable rent for the unit **\$ 1,845.00**

The gross rent of the proposed unit must be at or below the lower of the rent standard or reasonable rent. I have determined that:

☒ The proposed unit is approved ☐ The proposed unit is not approved

Case Manager Name: Blade Berkman

Case Manager Signature: _____ Date: 11/27/15



FY 2016 FAIR MARKET RENT DOCUMENTATION SYSTEM

The Final FY 2016 FMRs for All Bedroom Sizes

Final FY 2016 FMRs By Unit Bedrooms				
<u>Efficiency</u>	<u>One-Bedroom</u>	<u>Two-Bedroom</u>	<u>Three-Bedroom</u>	<u>Four-Bedroom</u>
\$740	\$902	\$1,126	\$1,523	\$1,845

The Office of Management and Budget release new Core Based Statistical Area definitions in February 2013. The Census American Community Survey incorporated these definitions in the [ACS₂₀₁₃ release](#), which are the basis for FY2016 Fair Market Rents. HUD has elected to continue use of the pre-2013 definitions except where the post-2013 definitions result in a smaller FMR area. This is consistent with HUD's objective to maximize tenant choice by allowing FMRs to vary locally.

Travis County, Texas is part of the Austin-Round Rock-San Marcos, TX MSA, which consists of the following counties: Bastrop County, Texas; Caldwell County, Texas; Hays County, Texas; Travis County, Texas; and Williamson County, Texas. All information here applies to the entirety of the Austin-Round Rock-San Marcos, TX MSA.

Fair Market Rent Calculation Methodology

[Show/Hide Methodology Narrative](#)

Fair Market Rents for metropolitan areas and non-metropolitan FMR areas are developed as follows:

1. 2009-2013 5-year American Community Survey (ACS) estimates of 2-bedroom adjusted standard quality gross rents calculated for each FMR area are used as the new basis for FY2016 provided the estimate is statistically reliable. The test for reliability is whether the margin of error for the estimate is less than 50% of the estimate itself.

If an area does not have a reliable 2009-2013 5-year, HUD checks whether the area has had a reliable estimate in any of the past 5 years.

[Buy](#) [Sell](#) [Rent](#) [Mortgage](#) [Find an Agent](#) [More](#) [For Professionals](#)
[Saved Homes](#) [Saved Searches](#) [Sign In](#)

Austin, TX

0 SAVED ▼

Save

Share

[Back to search](#) [Next >](#)

\$1,174 – \$2,709

Contact this property

Call (512) 595-7386 or send an email:

Hi,

My name is and I am

writing to find out more about 10500

Lakeline Mall Dr, Austin TX. I can be

contacted by email at

or by phone at

Add Comment

Please reach out to me soon.

Request Viewing

We value your privacy. [Trulia's Terms of Use](#) & [Privacy Policy](#).

FOR RENT

Mansions At Lakeline

10500 Lakeline Mall Dr, Austin, TX 78717 (Walden Park At Lakeline) [See your commute times](#)

• 1 - 4 Bedrooms

• Apartment

• 1 - 3 full Bathrooms

[Check Your Equifax Credit Score For \\$1 For 7 Days!](#)

Home Details for 10500 Lakeline Mall Dr

[Flag this Listing »](#)

The Mansions at Lakeline is an upscale community located within a 70-acre master-planned development. Surrounded by world-class shopping, restaurants, and entertainment. Each townhome is meticulously styled to live up to its Mansion name. You'll discover conveniences like private attached garages, along with spacious vaulted ceilings and wood flooring throughout. The amenities waiting to welcome you home every day include a resort-style pool and a luxurious clubhouse complete with fitness center, executive business center and concierge services.

Schools

Anderson Mill Elementary School

Average

Neil Grisham Middle School

Above Average

M. J. High School

Above Average

[MORE DETAIL](#)

Crime

Lowest

[MORE DETAIL](#)

Features – Mansions At Lakeline*

*Certain features are not guaranteed in every unit. Contact the property for more details.

10 Floorplans and Pricing

Name	Beds	Baths	Sqft	Rent (per month)	Availability
1 Bedroom (4 Floorplans)					
Allegro	1 bd	1 ba	750 sqft	\$1,313	Available soon ▼
Arla	1 bd	1 ba	775 sqft	\$1,174	Available soon ▼



GET THE RIGHT HOME FOR YOU

Homes from the mid \$100s in the Austin area

[CLICK HERE FOR MORE](#)

Nearby Sold Homes

10500 Lakeline Mall Drive, Austin TX
 13909 Tui Key Hollow Trail, Austin TX
 10560 Patricia Court, Austin TX
 14213 Germsee Trail, Austin TX
 9702 Anderson Village Drive, Austin TX

Name	Beds	Baths	Sqft	Rent (per month)	Availability
Encore	1 bd	1 ba	787 sqft	\$1,280 - \$1,283	Available soon

[Show More](#)[View 1 additional floorplans](#)**2 Bedrooms (3 Floorplans)**

Medley	2 bd	1 ba	1,177 sqft	\$1,738	Available soon
Operetta	2 bd	2 ba	1,260 sqft	\$1,799 - \$1,893	Available soon
Presto	2 bd	2 ba	1,381 sqft	\$1,992	Available soon

3 Bedrooms (2 Floorplans)

Rondo	3 bd	2 ba	1,537 sqft	\$2,027	Available soon
Sonata	3 bd	2 ba	1,578 sqft	\$2,112 - \$2,354	2 Available Now

4 Bedrooms (1 Floorplan)

Tempo	4 bd	3 ba	1,910 sqft	\$2,445 - \$2,709	Available soon
-------	------	------	------------	-------------------	----------------

Home Services

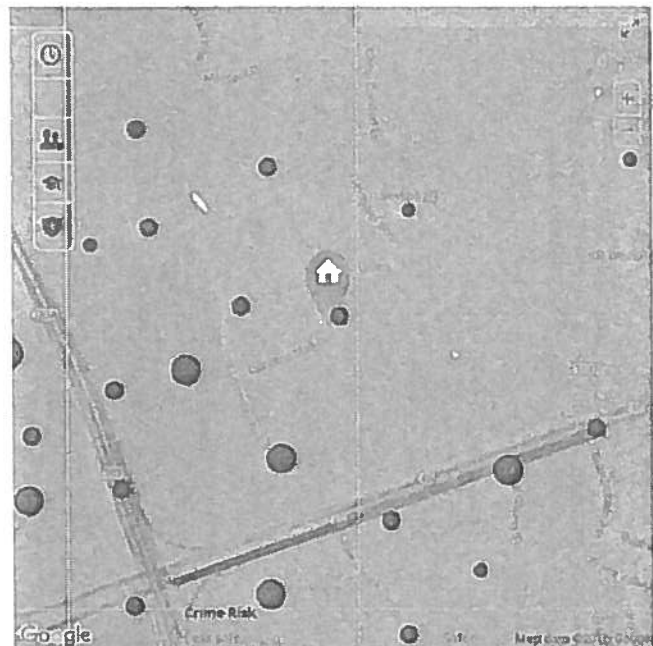
Need local moving?
Get Introduced to the Best Local Movers.
Describe your needs, get quotes & save!

[Get Quotes](#)SPONSORED BY [Thumbtack](#)**See businesses, schools, and crimes near this home**

- Calculate your commute time from this home
- Foxhole Culinary Tavern, Supertarget, Alamo Drafthou...
- See demographics within 1 mile of this home
- See 3 schools assigned to this home. Noel Grisham Mid...
- See reported crimes within 1 mile of this home

Date	Type	Description
01/31/2016	Theft	DEBIT CARD ABUSE, PREMISES: RESIDENCE / HOME. SECTOR: ADAM. DISTRICT: 4
01/30/2016	Other	PUBLIC INTOXICATION
01/30/2016	Other	PUBLIC INTOXICATION, PREMISES: RESTAURANTS. SECTOR: ADAM. DISTRICT: 4
01/29/2016	Other	CRED CARD ABUSE - OTHER, PREMISES: COMMERCIAL / OFFICE BUILDING. SECTOR: ADAM. DISTRICT: 4
01/28/2016	Theft	THEFT BY SHOPLIFTING. PREMISES: GROCERY /

Data provided by SpotCrime.com and CrimeReports.com

**Affordability Tips****TIP 1: Keep your rent within a third of your gross household income.**

Ideal Income for this property is at least

Win over prospective landlords with your smart budgeting. As a good rule of thumb,

\$42,300 ANNUALLY

your combined household income should be at least three times your monthly rent.

TIP 2: Know the factors that may impact your credit scores.

Your credit score matters to prospective landlords, so take the time to learn more about yours.



ADVERTISEMENT

TIP 3: See Your Equifax® Credit Score

Sign Up: 2016 Equifax Credit Score, \$1 For 7 Days!

The Equifax Credit Score is based on an Equifax Credit Score model and 3rd parties are likely to use a different score to assess your creditworthiness.

EQUIFAX®

Sign Up Today!

\$1 for the first week, then
\$17.95/mo. Cancel at any time.
Sorry, no partial month refunds.

**Discussions in
Walden Park At Lakeline**

779 followers

Rental Recent Activity

Is there any homes/apts. with elevators/condos/duplexes that are between \$500-600 if no assistance? How can we apply 4 assistance with living O of T?? Answer first



I have an apartment for rent. Can I have it on trulia without have a real estate agent? If so how do I get it on trulia? Answer first



Hi, We maybe relocating to Austin in Summer 2016 from Europe. What are the best area to live regarding schools for kids aged 6 & 3. Many thanks, 1 answer

View recent questions • More advice

Contact Info

Contact property for more details

Your Name

Your Name

Your Email

Your Email

Phone

Phone number

Message

I am interested in this rental and would like to schedule a viewing. Please let me know when this would be possible.

Request Viewing

We're on your privacy! [Privacy Policy](#) [Terms of Use](#) [Privacy Policy](#)**Nearby Rentals****\$868 - \$1,200**

10707 Lake Creek Pkwy
Austin, TX
1 - 2 bd, 1 - 2 ba

**\$1,010 - \$3,645**

12300 Riata Trace Pkwy
Austin, TX
1 - 3 bd, 1 - 2 ba

**\$957 - \$1,684**

10015 Lake Creek Pkwy
Austin, TX
1 - 3 bd, 1 - 2 ba

**\$875 - \$2,379**

8600 N Fm 620
Austin, TX
1 - 3 bd, 1 - 2 ba

DATA CENTER SOLUTIONS

Build Custom Data Center Solutions with Expert IT Architects at CDW.

Communities near 10500 Lakeline Mall Dr, Austin

Austin & Nearby Cities

Bluff Springs Apartments
Colton Apartments
Pilot Knob Apartments
San Leanna Apartments

Austin Neighborhoods

Downtown Apartments
Steiner Ranch Apartments
Milwood Apartments
West Oak Hill Apartments

Austin Rental Type

All Rentals
Apartment Communities
Rooms for Rent
Single Family Homes for Rent

Nearby Zip Codes

Rentals in 78762
Rentals in 78718
Rentals in 78763
Rentals in 78706

Popular Searches

Rentals with Washers and Dryers | Rentals with Doormen | Rentals with Fitness Centers | Rentals with Gated Entries | Rentals with Pools | Rentals with Poros
Rentals with Hot Tubs or Spas | Rentals with Barbecue Areas | Rentals with Waterfront Views | Rentals with Air Conditioning | Rentals Near Concordia University Texas
Rentals Near University of Phoenix-Austin Campus | Rentals Near National American University-Austin | Rentals Near Le Cordon Bleu College of Culinary Arts-Austin
Rentals Near The Art Institute of Austin | Rentals Near Strayer University-Texas | Rentals Near Academy of Oriental Medicine at Austin
Rentals Near Austin Graduate School of Theology | Rentals Near Austin Community College District | Rentals Near ITT Technical Institute-Austin

Explore Trulia

Homes for Sale * Rentals | Houses for Rent | Apartments for Rent | Stats & Trends | Real Estate Advice | Real Estate App - iPhone
Real Estate App - Android | Trulia API | Trulia Estimates

For Professionals

Agents | Brokers | Advertisers & Partners | Tools & Extras | Submit Your Listings | Real Estate Leads | Agent Site Map | Directory Site Map

Corporate

About Trulia | About Zillow Group | News Room | Trulia Blog | Tech Blog | Careers | Investor Relations | Privacy | Terms of Use
Listings Quality Policy | Subscription Terms | Community Guidelines | Advertising Terms | Ad Choices

This Apartment for rent is located at 10500 Lakeline Mall Drive, Austin, TX. Mansions At Lakeline is in the Walden Park At Lakeline neighborhood in Austin, TX and in ZIP Code 78717.

Copyright © 2016 Trulia, Inc. All rights reserved. | Fair Housing and Equal Opportunity | Have a question? Visit our Help Center to find the answer.

[Buy](#) [Sell](#) [Rent](#) [Mortgage](#) [Find an Agent](#) [More](#) [For Professionals](#)
[Saved Homes 1](#) [Saved Searches](#) [Sign In](#)

Austin, TX

0 SAVED ▼

Save

Share

[Back to search](#) | [Next >](#)

\$1,100 - \$2,500

Contact this property

Call (512) 359-3128 or send an email:

Hi,

My name is and I am writing to find out more about 614 S 1st St, Austin TX. I can be contacted by email at

or by phone at

Add Comment

Please reach out to me soon.

Request Viewing

We value your privacy. [Trulia's Terms of Use](#) & [Privacy Policy](#)

FOR RENT

Timbercreek

614 S 1st St, Austin, TX 78704 (Bouldin) [See your commute times](#)

- Studio - 4 Bedrooms
- 1 - 2 full Bathrooms

- Apartment

Get your 2018 Credit Score from Equifax

Home Details for 614 S 1st St

[Flag this listing](#)

Pool

Welcome to Timbercreek Nestled among beautiful oak and pecan trees, and overlooking Bouldin Creek, Timbercreek Apartments are surrounded by the vibrant 78704 dining and shopping venues. Just minutes away from Downtown, select apartments feature stunning skyline views. Exceptional management and customer service is the top priority. Welcome Home! Pet Policy: Pets - Max 2 allowed, One time Fee \$150.00, Rent \$15.00, Deposit \$200.00 Comments: We love your pets! No age, size, or breed restrictions for well behaved animals. All fees are per pet.

[Click to view Property Website](#)

Schools

Becker Elementary School

Above Average

Fulmore Middle School

Below Average

Travis High School

Below Average

[MORE DETAIL](#)

Crime

Lowest

[MORE DETAIL](#)

Features - Timbercreek*

- Laundry Facilities
- Storage
- Club House
- Pool

*Certain features are not guaranteed in every unit. Contact the property for more details.

13 Floorplans and Pricing

Name	Beds	Baths	Sqft	Rent (per month)	Availability
Studio (1 Floorplan)					



GET THE RIGHT HOME FOR YOU

Homes from the mid \$100s in the Austin area

[CLICK HERE FOR MORE](#)

Nearby Sold Homes

620 South 1st Street #315, Austin TX
 802 South 1st Street #119, Austin TX
 802 South 1st Street #223, Austin TX
 802 South 1st Street #123, Austin TX
 700 South 1st Street #303, Austin TX

[Show More](#)

Name	Beds	Baths	Sqft	Rent (per month)	Availability
E1	0 bd	1 ba	399 sqft	\$1,100	Ask for availability
1 Bedroom (3 Floorplans)					
A1	1 bd	1 ba	560 sqft	\$1,175	Ask for availability
A4	1 bd	1 ba	652 sqft	\$1,400	Ask for availability
A5	1 bd	1 ba	656 sqft	\$1,275	Ask for availability
2 Bedrooms (7 Floorplans)					
B1	2 bd	1 ba	703 sqft	\$1,400	Ask for availability
B2	2 bd	1 ba	735 sqft	\$1,425	Ask for availability
B4	2 bd	1 ba	850 sqft	\$1,500	Ask for availability
View 4 additional floorplans ▾					
3 Bedrooms (1 Floorplan)					
C1	3 bd	2 ba	1,200 sqft	\$2,200	Ask for availability
4 Bedrooms (1 Floorplan)					
D1	4 bd	2 ba	1,220 sqft	\$2,500*	Ask for availability

Home Services



Need local moving?
Get Introduced to the Best Local Movers.
Describe your needs, get quotes & save!

Get Quotes

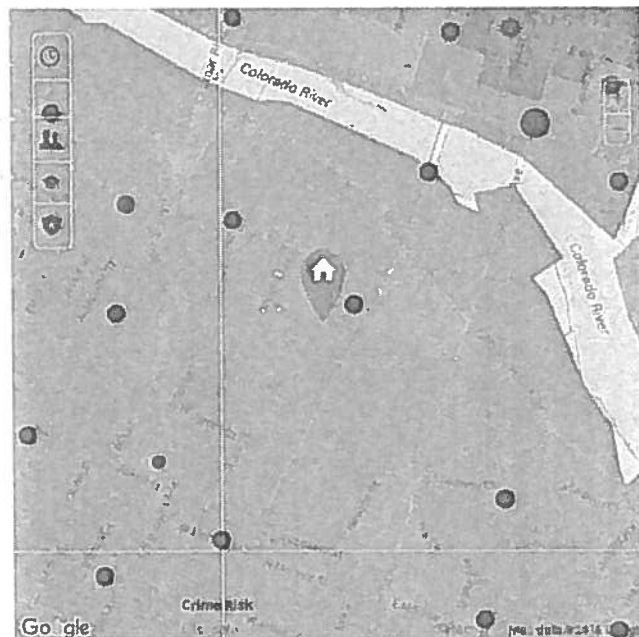
SPONSORED BY *Thumbtack*

See businesses, schools, and crimes near this home

- ① Calculate your commute time from this home
Hopdoddy Burger Bar, Whole Foods Downtown, Thread...
- 👤 See demographics within 1 mile of this home
- 🎓 See 3 schools assigned to this home. Becker Elementary...
- 🚔 See reported crimes within 1 mile of this home

Date	Type	Description
02/01/2016	Other	HAZARD TRFC VIOL
02/01/2016	Other	COUNTERFEITING
01/31/2016	Theft	THEFT. PREMISES: RESIDENCE / HOME. SECTOR: DAVID. DISTRICT: 2
01/31/2016	Other	COUNTERFEITING
01/31/2016	Burglary	BURGLARY OF VEHICLE. PREMISES: RESIDENCE / HOME. SECTOR: DAVID. DISTRICT: 2
01/31/2016	Assault	ASSAULT/PUBLIC SERVANT

Data provided by SpotCrime.com and CrimeReports.com



Affordability Tips

TIP 1: Keep your rent within a third of your gross household income.

Ideal income for this property is at least

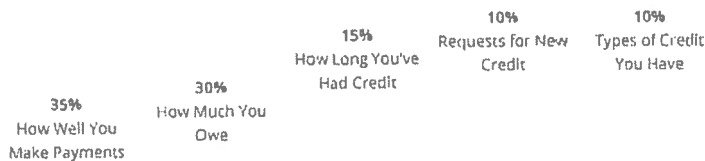
\$39,600 ANNUALLY

Win over prospective landlords with your smart budget. Your household income should be at least three times your



TIP 2: Know the factors that may impact your credit scores.

Your credit score matters to prospective landlords, so take the time to learn more about yours.



ADVERTISEMENT

TIP 3: See Your Equifax® Credit Score

Sign Up: 2016 Equifax Credit Score. \$1 For 7 Days!

The Equifax Credit Score is based on an Equifax Credit Score model and 3rd parties are likely to use a different score to assess your creditworthiness.

EQUIFAX

Sign Up Today!

\$1 for the first week, then \$17.95/mo. Cancel at any time. Sorry, no partial month refunds.

Discussions in Bouldin

779 followers

Rental Recent Activity

- rod a** Is there any homes/apts. with elevators/condos/duplexes that are between \$500-600 if no assistance? How can we apply for assistance with living O of T? Answer first
- Orp free** I have an apartment for rent. Can I have it on trulia without have a real estate agent? If so how do I get it on trulia? Answer first
- whl em** Hi, We maybe relocating to Austin in Summer 2016 from Europe. What are the best area to live regarding schools for kids aged 5 & 3. Many thanks, 1 answer

[View recent questions](#) [More advice](#)

Contact Info

Contact property for more details

Your Name

Your Name

Your Email

Your Email

Phone

Phone number

Message

I am interested in this rental and would like to schedule a viewing. Please let me know when this would be possible.

Request Viewing

We value your privacy. [Trulia's Terms of Use](#) & [Privacy Policy](#)

Nearby Rentals



\$1,500 - \$3,087

300 West Ave
Austin, TX
Studio - 2 bd, 1 - 2 ba



\$915 - \$1,419

5200 N Lamar Blvd
Austin, TX
1 - 2 bd, 1 - 2 ba



\$924 - \$1,505

2101 Burton Dr
Austin, TX
1 - 2 bd, 1 - 2 ba



\$1,040 - \$1,755

500 E Stassney Ln
Austin, TX
1 - 3 bd, 1 - 2 ba

Communities near 614 S 1st St, Austin

Austin & Nearby Cities	Austin Neighborhoods	Austin Rental Type	Nearby Zip Codes
Bluff Springs Apartments	Downtown Apartments	All Rentals	Rentals in 78762
Colton Apartments	Steiner Ranch Apartments	Apartment Communities	Rentals in 78718
Pilot Knob Apartments	Milwood Apartments	Rooms for Rent	Rentals in 78763
San Leanna Apartments	West Oak Hill Apartments	Single Family Homes for Rent	Rentals in 78703

Popular Searches

[Rentals with Washers and Dryers](#) | [Rentals with Doormen](#) | [Rentals with Fitness Centers](#) | [Rentals with Gated Entries](#) | [Rentals with Pools](#) | [Rentals with Patios](#)
[Rentals with Hot Tubs or Spas](#) | [Rentals with Barbecue Areas](#) | [Rentals with Waterfront Views](#) | [Rentals with Air Conditioning](#)
[Rentals Near The University of Texas System Office](#) | [Rentals Near Actors School of Business](#) | [Rentals Near Saint Edward's University](#)
[Rentals Near Huston-Tillotson University](#) | [Rentals Near The University of Texas at Austin](#) | [Rentals Near Austin Presbyterian Theological Seminary](#)
[Rentals Near Texas College of Traditional Chinese Medicine](#) | [Rentals Near Episcopal Theological Seminary of the Southwest](#) | [Rentals Near Austin Community College District](#)
[Rentals Near Virginia College-Austin](#)

Explore Trulia

[Homes for Sale](#) | [Rentals](#) | [Houses for Rent](#) | [Apartments for Rent](#) | [Stats & Trends](#) | [Real Estate Advice](#) | [Real Estate App - iPhone](#)
[Real Estate App - Android](#) | [Trulia API](#) | [Trulia Equities](#)

For Professionals

[Agents & Brokers](#) | [Advertisers & Partners](#) | [Tools & Extras](#) | [Submit Your Listings](#) | [Real Estate Leads](#) | [Agent Site Map](#) | [Directory Site Map](#)

Corporate

[About Trulia](#) | [About Zillow Group](#) | [News Room](#) | [Trulia Blog](#) | [Tech Blog](#) | [Careers](#) | [Investor Relations](#) | [Privacy](#) | [Terms of Use](#)
[Listings Quality Policy](#) | [Subscription Terms](#) | [Community Guidelines](#) | [Advertising Terms](#) | [Ad Choices](#)

This Apartment for rent is located at 614 South 1st Street, Austin, TX. Timbercreek is in the Bouldin neighborhood in Austin, TX and in ZIP Code 78704.

Copyright © 2016 Trulia, Inc. All rights reserved. | [Fair Housing and Equal Opportunity](#) | Have a question? Visit our [Help Center](#) to find the answer

**Allowances for Tenant
Furnished Utilities and other
Services**

U.S. Department of Housing and Urban
Development
Office of Public and Indian Housing

OMB Approval No. 2577-0189
(exp. 09/30/2017)

Locality: Housing Authority of the City of Austin, TX		Unit Type: Multi-Family Elevator				Date 7/1/2015	
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	\$5.00	\$6.00	\$6.00	\$7.00	\$8.00	\$9.00
	b. Bottle Gas/Propane						
	c. Electric	\$6.00	\$7.00	\$8.00	\$10.00	\$12.00	\$13.00
	d. Oil / Other						
Cooking	a. Natural Gas	\$3.00	\$3.00	\$4.00	\$5.00	\$6.00	\$6.00
	b. Bottle Gas/Propane						
	c. Electric	\$5.00	\$5.00	\$7.00	\$8.00	\$9.00	\$11.00
Other Electric (Lights, Appliances, & Monthly Fee)		\$26.00	\$29.00	\$35.00	\$41.00	\$46.00	\$52.00
Air Conditioning		\$9.00	\$11.00	\$17.00	\$23.00	\$30.00	\$36.00
Water Heating	a. Natural Gas	\$6.00	\$8.00	\$11.00	\$13.00	\$16.00	\$17.00
	b. Bottle Gas/Propane						
	c. Electric	\$9.00	\$11.00	\$16.00	\$20.00	\$23.00	\$25.00
	d. Oil / Other						
Water		\$37.00	\$38.00	\$46.00	\$54.00	\$62.00	\$70.00
Sewer		\$58.00	\$59.00	\$73.00	\$86.00	\$99.00	\$112.00
Trash Collection		\$24.00	\$24.00	\$24.00	\$26.00	\$26.00	\$26.00
Range / Microwave		\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00
Refrigerator		\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00
Other-- specify: Monthly Gas Fee \$14.55		\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
Actual Family Allowances				Utility or Service		per month cost	
To be used by the family to compute allowance. Complete below for the actual unit rented.				Heating		\$	
				Cooking		\$	
Name of Family				Other Electric		\$	
				Air Conditioning		\$	
				Water Heating		\$	
				Water		\$	
Address of Unit				Sewer		\$	
				Trash Collection		\$	
				Range / Microwave		\$	
				Refrigerator		\$	
				Other		\$	
				Other		\$	
Number of Bedrooms				Other		\$	
				Total		\$	



The Nelrod Company Reviewed 12/2014

form HUD-52667 (09/14)
ref. Handbook 7420.8

TBRA Worksheet

Form I

(Must be completed before TBRA services start and annual TBRA recertifications. Must be completed if there has been a change in circumstances or rent.)

Households receiving TBRA services must pay as rent, including utilities, an amount which is the higher of: (1) 30 percent of the household's monthly adjusted income (adjustment factors include the age of the individual, medical expenses, size of household and child care expenses and are described in detail in 24 CFR §5.611); (2) 10 percent of the household's monthly gross income; or (3) if the household is receiving payments for welfare assistance from a public agency and a part of the payments, adjusted in accordance with the household's actual housing costs, is specifically designated by the agency to meet the household's housing costs, the portion of the payment that is designated for housing costs. The **Determining Household Annual Adjusted Income Guide** outlines acceptable forms of deduction verification and deduction calculation guidance.

(Source: 24 CFR §574.310(d))

Client Name and/or ID Number:

Bruce Wayne (SAMPLE)

(First)

(Middle)

(Last)

Address:

456 Martha Avenue, Gotham City, Texas 12345, Travis County

(Street)

(Unit)

(City)

(State)

(Zip)

(County)

Effective Date:

12/01/15

Shared Housing?

No

Section 1: Household Annual and Monthly Gross Income	
1 HOUSEHOLD ANNUAL GROSS INCOME (Form C, Line 9)	\$ 20,291.42
2 HOUSEHOLD ANNUAL GROSS INCOME LESS EID (Line 1 minus EID Tabs)	\$ 20,291.42
3 HOUSEHOLD MONTHLY GROSS INCOME (Line 2 divided by 12)	\$ 1,690.95
Section 2: Deductions	
Project Sponsors must attach documentation of all deductions claimed by the household. Only third-party verification is permitted.	
4 \$480 FOR EACH DEPENDENT <i>Dependents include household members who are minors under 18 years of age, members of any age who are disabled, or members who are full-time students, but not the head of household, co-head, spouse, sole member, foster children, or foster adults.</i>	1 (Number of Dependents) \$ 480.00
5 \$400 FOR ELDERLY OR DISABLED HOUSEHOLDS <i>This deduction is provided to any household whose head, co-head, spouse, or sole member is at least 62 years of age or is disabled. This deduction always applies to households with persons with HIV/AIDS if they are the head, co-head, spouse, or sole member. Households that are program eligible only due to a minor with HIV are not eligible for this deduction. Only one deduction per household.</i>	Yes (Meets Criteria?) \$ 400.00
6 UNREIMBURSED MEDICAL EXPENSES <i>These are expenses anticipated during the year that will not be reimbursed, to the extent the sum exceeds 3% of household annual gross income. The attendant care and auxiliary apparatus deduction may not exceed the earned income of household members 18 years of age or older who are able to work because of such attendant care or auxiliary apparatus. Attendant care expenses cannot be paid to another household member.</i>	\$ 0.00 (Line 6e)
a) Unreimbursed medical expenses for elderly or disabled households	\$ 235.56
b) Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member who is elderly or disabled that enables that member or any other member to work	\$ 0.00
c) Total unreimbursed medical expenses (Sum of Lines 6a & 6b)	\$ 235.56
d) 3% of household annual gross income (Line 2 x 0.03)	\$ 608.74
e) Allowable medical expense deduction (Line 6c minus 6d) <i>If result is a negative number enter \$0.</i>	\$ 0.00
7 UNREIMBURSED CHILDCARE EXPENSES <i>These are expenses anticipated during the year that will not be reimbursed for children 12 years of age and under that enable a household member to work, seek employment, or to further education. The childcare deduction may not exceed the earned income of household members 18 years of age or older who are able to work because of such childcare. Childcare expenses cannot be paid to another household member.</i>	\$ 0.00

TBRA Worksheet

Form I

Section 3: Household Monthly Adjusted Income

8 HOUSEHOLD MONTHLY ADJUSTED INCOME

\$ **1,617.62**

(Line 8d)

- a) Household annual gross income (Line 2) \$ 20,291.42
- b) Total deductions (Sum of Lines 4, 5, 6, & 7) \$ 880.00
- c) Household annual adjusted income (Line 8a minus 8b)
If result is a negative number enter \$0. \$ 19,411.42
- d) Household monthly adjusted income (Line 8c divided by 12)
If Line 8c is \$0, enter \$0. \$ 1,617.62

Section 4: Household Monthly Rent Payment

9 HOUSEHOLD MONTHLY RENT PAYMENT TO OWNER

\$ **365.29**

(Line 9f)

- a) 30% of household monthly adjusted income (Line 8d x 0.30) \$ 485.29
- b) 10% of household monthly gross income (Line 3 x 0.10) \$ 169.10
- c) Household's monthly public assistance designated for housing costs \$ 0.00
- d) Total household monthly rent payment (Greater of Lines 9a, 9b, or 9c) \$ 485.29
- e) Current utility allowance (Form H) \$ 120.00
A household must receive a utility allowance if they pay a separate utility vendor in addition to rent and utilities that are paid to the owner. Copies of HUD-approved utility allowance charts may be obtained from local Housing Authorities and are updated periodically. If the allowance is greater than Line 9d, the adjusted household rent payment is \$0 and the difference ("utility reimbursement") must be paid to the utility vendor. If household does not qualify for a utility allowance, enter \$0.
- f) Household rent payment less utility allowance (Lines 9d minus 9e)
If result is a negative number enter \$0. \$ 365.29

Section 5: TBRA Monthly Rent Payment

10 TBRA MONTHLY RENT PAYMENT TO OWNER

\$ **1,349.71**

(Line 10c)

- a) Unit rent to owner per current lease agreement (Form H) \$ 1,715.00
- b) Household rent payment to owner (Line 9f) \$ 365.29
- c) TBRA rent payment to owner (Line 10a minus 10b)
If Line 10c is \$0 or less household does not qualify for TBRA services. \$ 1,349.71

11 TBRA MONTHLY UTILITY REIMBURSEMENT PAYMENT TO UTILITY VENDOR

\$ **0.00**

(Line 11d)

- If Line 9e is greater than 9d, the difference ("utility reimbursement") must be paid to the utility vendor. Complete Lines 11a through 11d to determine the amount paid to the utility vendor. The combined TBRA payment to the owner and payment to the utility vendor cannot exceed the lower of the rent standard or reasonable rent for the unit less the household payment. If Line 9e is not greater than line 9d enter \$0.*
- a) Lower of the rent standard or reasonable rent for the unit (Form H) \$ 1,845.00
- b) Difference of the lower and TBRA payment to owner (Line 11a minus 10c) \$ 495.29
- c) Difference of allowance and household payment to owner (Line 9e minus 9d) \$ 0.00
- d) TBRA utility payment to utility vendor (Lower of Lines 11b or 11c) \$ 0.00

The household must pay the monthly rent payment on Line 9. The Project Sponsor will pay the remaining portion of monthly rent and utilities on Lines 10 and 11. The household is contractually obligated to pay the full amount of rent per their current lease agreement and, if the Project Sponsor is unable to pay the amounts on Lines 10 and 11, it is ultimately the household's responsibility to pay housing costs. I have completed Form H and verified that the gross rent of the unit is at or below the lower of the rent standard or reasonable rent and that the sum of Lines 9, 10, and 11 does not exceed the lower of the rent standard or reasonable rent.

Case Manager Name: Blade Berkman

Case Manager Signature: _____

Date: 11/30/15

Documentation of Deduction Values

TBRA Housing Choice Voucher/Other Affordable Housing Waiver

Form J

(TBRA households only)

According to the DSHS HOPWA Program Manual, (Section 13. Housing Assistance and Supportive Services; Tenant-Based Rental Assistance; 11. Households that Fail to Accept the Housing Choice Voucher [HCV] or Other Affordable Housing), "Local program policies must state that TBRA households that fail to apply for the HCV Program and other affordable housing programs, renew applications as required, and/or accept assistance as offered may be terminated from the program." "In special circumstances where accepting the HCV or other affordable housing would place an undue burden on the client, Project Sponsors may request a waiver to the policy using Form J: TBRA Housing Choice Voucher/Other Affordable Housing Waiver, which must be approved by the Administrative Agency (AA) on a case-by-case basis." DSHS recognizes there may be circumstances in which accepting affordable housing is not in a client's best interest. This form allows Project Sponsors to apply for a waiver of this requirement through their local AA. The applicant must demonstrate adequate justification that accepting affordable housing would be detrimental to the client's health and well-being. DSHS will monitor applications to ensure that waivers are approved in a uniform, consistent, and non-discriminatory manner.

Client Name: Bruce Wayne (SAMPLE)
(First) (Middle) (Last)

On behalf of the above client and their household, we are requesting a waiver for the following reasons:

Bane broke Bruce's back on 01/20/2016 and he will not be ambulatory for many months. The Gotham Housing Authority has notified Bruce's household that they are next on the HCV waitlist, but Bruce cannot accept the HCV at this time because he cannot move and doing so would constitute an undue burden.

Project Manager Name: Renee Montoya
Project Manager Signature: _____ Date: 01/21/16

Administrative Agency Use Only

- ☒ **Approved**
☐ **Denied**

AA Representative Name: James Gordon
AA Representative Signature: _____ Date: 01/21/16

STRMU Tracking Worksheet

Form K

Client Name and/or ID Number: Bruce Wayne (SAMPLE) Annual STRMU Cap (if applicable): \$2,000.00
 Housing Case Manager Name: Blade Berkman and/or
 Date of first service transaction for this worksheet: 09/10/15 Alternate Time Cap (if applicable): 100
 Date of last service transaction for this worksheet: 11/30/15 (Number of Days)

NOTE: To automatically fit row height to cell contents, locate the row heading for the cell and double click the bottom edge of the heading.

Briefly describe each emergency. Explain how each emergency prevents or will prevent the household from paying housing costs. Attach documentation of each emergency.
 Alfred was hospitalized after falling down the Batcave stairs and breaking his leg. According to medical documentation, he will be medically unable to work as a butler or gardener for the next 2 months. Due to an unforeseen loss of income, the household will need short-term rental and utility assistance to pay a portion of their debts/dues.

Instructions: Columns 1 and 2 indicate the month and respective number of days (adjust February days manually). Enter the calendar year of the month paid with STRMU in Column 3. Enter the actual rent and the amount of STRMU expended on that month's rent in Columns 4 and 5. Enter the actual mortgage and the amount of STRMU expended on that month's mortgage in Columns 6 and 7. Enter the actual utility dues and the amount of STRMU expended on that month's utility dues in Columns 8 and 11. Enter the utility bill that month's mortgage in Columns 6 and 7. Enter the actual utility dues and the amount of STRMU expended on that month's utility bills to page 2. Column 20 calculates the number of days assisted.

Notes: (1) STRMU assistance may not be provided for costs accrued in excess of 147 days. If an Annual STRMU or Alternate Time Cap is established, the total STRMU assistance cannot exceed the Cap. If the Cap is reached, the assistance is attributable to the entire 147-day period. The 147-day limit always supersedes an established Cap. (2) If paying late fees, add them to the respective "Actual" column and month row. (3) Enter utility bills in the month the service period started and enter the full amount due for that service period in the respective month. Do not split utility service periods between two months. (4) For debts, obtain a ledger from the owner/utility vendor to correctly attribute debts to the correct months. (5) Formulas report an unduplicated number of days assisted. Total Days Assisted assumes HOPWA is the payer of last resort.

1	2	3	4	5	6	7	8	9	10	11	20
Month	Days	Year	Actual Rent	STRMU Payment	Actual Mortgage	STRMU Payment	Actual Utilities 1	Service Period Start Date 1	Service Period End Date 1	STRMU Payment 1	Days Assisted
January	31										
February	29										
March	31										
April	30										
May	31										
June	30										
July	31										
August	31	2015									
September	30	2015	\$1,835.00	\$600.00			\$112.01	08/25/15	09/24/15	\$112.01	7
October	31	2015	\$1,835.00	\$600.00			\$105.35	09/25/15	10/24/15	\$50.00	30
November	30	2015	\$1,835.00	\$360.00			\$114.67	10/25/15	11/24/15	\$50.00	31
December	31										30
											0
Total	366			\$1,560.00						\$212.01	98
DSHS HOPWA	a. Assisted with mortgage only										
Program	b. Assisted with mortgage & utilities										
Progress	c. Assisted with rent only										
Report:	d. Assisted with rent & utilities										
	e. Assisted with utilities only										
	TOTAL STRMU FUNDS EXPENDED:										
	TOTAL DAYS ASSISTED:										
	52-week period start date:										
	52-week period end date:										
	Next 52 week period may start on:										
	08/25/15										
	08/24/16										
	08/25/16										

STRMU Tracking Worksheet

Form K

Additional Utility Bills: If the Project Sponsor will expend STRMU on more than one type of utility bill, enter up to two additional utility bills under Utilities 2 and 3. Calculations will adjust for overlaps and transfer to the summary section on page 1.

1	2	3	12		13		14		15		16		17		18		19		20
Month	Days	Year	Actual Utilities 2	Service Period Start Date 2	Service Period End Date 2	Gas	STRMU Payment 2	Actual Utilities 3	Service Period Start Date 3	Service Period End Date 3	Water	STRMU Payment 3	Days Assisted						
														Type of utility bill:	Type of utility bill:				
January	31												0						
February	29												0						
March	31												0						
April	30												0						
May	31												0						
June	30												0						
July	31												0						
August	31												7						
September	30	2015	\$68.00	09/14/15	10/15/15		\$68.00						30						
October	31	2015	\$64.00	10/16/15	11/13/15		\$50.00	\$45.00	10/03/15	11/02/15		\$45.00	31						
November	30												30						
December	31												0						
Total	366						\$118.00					\$45.00	98						

	January	February	March	April	May	June
R						
M						
U1						
U2						
U3						

	July	August	September	October	November	December
R						
M						
U1						
U2						
U3						

Documentation of the Emergency Situation

PHP Intent to Lease Worksheet

Form L

(Must be completed by owners/representatives that intend to lease to the household.)

Our Housing Program intends to assist this household establish permanent residence in which continued occupancy is expected. Eligible costs include expenses associated with placement in housing:

- Application fee
- Security deposit*
- Administrative fee
- First month's rent

*Security deposit assistance is capped at two months of rent for the unit. Deposits must be returned to the program when the assisted household leaves the unit. The Housing Program maintains a record of all deposits and will make a good faith effort to recover program funds upon the household's departure from the unit.

Client Name: Bruce Wayne (SAMPLE)
(First) (Middle) (Last)

Proposed Address: 456 Martha Avenue, Gotam City, Texas 12345, Travis County
(Street and Unit) (City) (State) (Zip) (County)

Move-In Costs

Proposed move-in date:	<u>12/01/15</u>
Monthly rental amount:	<u>\$ 1,727.00</u>
a) Application fee:	<u>\$ 15.00</u>
b) Administrative fee:	<u>\$ 0.00</u>
c) Other fees (Specify):	<u>\$ 150.00</u> (One-time fee)
d) Security deposit:	<u>\$ 200.00</u>
e) First month's rent or prorated rent:	<u>\$ 1,727.00</u> From: <u>12/01/15</u> To: <u>12/31/15</u> (Date) (Date)
TOTAL: (Sum of Lines a-e)	<u>\$ 2,090.00</u>

Payment Information

Property contact*:
Harvey Dent, 222-222-2222
(Owner/Representative Name) (Contact Information)

Check should be made payable to*:
Gotham Properties
(Individual/Company Name)

Check should be mailed to*:
789 Arkham Boulevard, Gotham City, Texas 12345, Travis County
(Street/PO Box) (City) (State) (Zip) (County)

*Information must match the Internal Revenue Service (IRS) Form W-9 for the individual or company to be paid.

Owner/Representative Name: Harvey Dent

Owner/Representative Signature: _____ Date: 11/20/15

Please, complete and return this form to:

Blade Berkman
(Housing Case Manager Name)

Housing Case Manager can be contacted at:

512-533-3075, 512-533-3172, blade@projectgotham.org
(Phone) (Fax) (Email)

Form M

Client Name and/or ID Number: Bruce Wayne (SAMPLE)

Housing Case Manager Name: Blade Berkman

Budget Period: 01/01/16 to

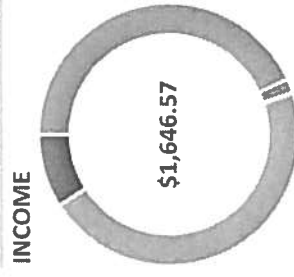
(Lost 30 days recommended)

NOTE: To automatically fit row height to cell contents, locate the row heading for the cell and double click the bottom edge of the heading.

HOUSEHOLD INCOME	
Included Income	Net Amount
Wages	\$710.12
Overtime pay	\$30.45
Social Security: Disability Income	\$756.00
	\$0.00
	\$0.00
	\$0.00
Excluded Income	Net Amount
Supplemental Nutritional Assistance Program (SNAP)	\$150.00
	\$0.00
	\$0.00
	\$0.00

HOUSEHOLD EXPENSES

Housing		Actual Spent Rank	Personal Care	Actual Spent Rank
Rent or Mortgage		\$365.76 1. Need	Medical/Copayments	\$0.00
Electricity		\$125.00 1. Need	Hair/nails	\$32.00 2. Want
Gas		\$0.00	Clothing	\$25.00 3. Cut
Water, sewer, waste		\$0.00	Child Care	\$0.00
Maintenance or repairs		\$0.00	Organizational dues	\$0.00
Other: x Rental furniture		\$0.00	Other: x Tuition/Books	\$0.00
Transportation		Actual Spent Rank	Entertainment	Actual Spent Rank
Vehicle payment		\$0.00	DVDs/CDs	\$0.00
Bus pass/taxi fare		\$30.00 1. Need	Cable/Subscriptions	\$15.00 2. Want
Fuel		\$0.00	Movies/Concerts	\$10.00 2. Want
Maintenance or repairs		\$0.00	Sports	\$0.00
Other:		\$0.00	Alcohol/Tobacco	\$32.00 2. Want
			Other: x Savings	\$0.00
Insurance		Actual Spent Rank	Credit and Loans	Actual Spent Rank
Renter's/Home Owner's		\$15.00 1. Need	Payday	\$60.00 1. Need
Health		\$30.00 1. Need	Credit Card	\$0.00
Life		\$45.00 2. Want	Other: x Student loan	\$0.00
Vehicle		\$0.00		
Other:		\$0.00	Back Taxes	Actual Spent Rank
			Federal	\$0.00
			State	\$0.00
			Local	\$0.00
			Other:	\$0.00
Food		Actual Spent Rank	Legal	Actual Spent Rank
Groceries		\$520.00 1. Need	Attorney	\$0.00
Dining out		\$40.00 2. Want	Alimony	\$0.00
Convenience		\$15.00 3. Cut	Child Support	\$0.00
Other:		\$0.00	Liens or Judgements	\$0.00
			Probation/Parole	\$55.00 1. Need
			Other:	\$0.00
Pets		Actual Spent Rank	Gifts and Donations	Actual Spent Rank
Food		\$30.00 1. Need	Gifts and donations	\$0.00
Veterinary		\$20.00 2. Want	Other: x Charity	\$0.00
Grooming		\$0.00		
Other:		\$0.00		
Communications		Actual Spent Rank		
Cell Phone		\$119.00 2. Want		
Internet		\$59.00 2. Want		
Other: x Home phone		\$0.00		

**AVAILABLE \$3.81**

Supportive Services Housing Plan

Form N

Client Name and/or ID Number:

Bruce Wayne (SAMPLE)

Housing Plan Date:

09/08/15

Housing Case Manager Name:

Blade Berkman

Program:

HOPWA

NOTE: To automatically fit row height to cell contents, locate the row heading for the cell and double click the bottom edge of the heading.

Primary housing barriers:		Plan to increase household income:		Plan to decrease household expenses:	
1	No or limited forms of identification	1	Return to work after leave of absence	1	Apply for other housing assistance programs
2	Eviction history	2	Increase employment hours	2	Apply for other affordable housing programs
3	Medically unable to work	3		3	Reduce "Wanted" expenses (see budget)
4	Debts: Rent, Mortgage, and/or Utility	4		4	Eliminate "Cut" expenses (see budget)
If Other:				If Other:	

Needs Assessment Date: 09/08/15

Need: 1 Housing Assistance Services

Subneed: 1 STRMU

Housing Plan Goal: Stabilize housing with STRMU services. Household has paid part of September and will need part of October.

Priority	Assigned to	Start date	Target date	Check-in date	Status	Status date
High	Blade	09/08/15	09/11/15	09/10/15	Completed: Successful	09/10/15
High	Blade	09/08/15	09/11/15	09/10/15	Completed: Successful	09/10/15
High	Blade	09/08/15	09/11/15	09/10/15	Completed: Successful	09/10/15
4						
5						

Needs Assessment Date: 09/08/15

Need: 2 Supportive Services

Subneed: 2 Housing Case Management

Housing Plan Goal: Maintain access and adherence to medical care and return to work after medical leave of absence.

Priority	Assigned to	Start date	Target date	Check-in date	Status	Status date
High	Bruce	09/08/15	09/15/15	09/15/15	Completed: Successful	09/15/15
Medium	Bruce	09/08/15	09/24/15	09/25/15	Completed: Successful	09/24/15
Medium	Bruce	09/08/15	09/22/15	09/25/15	Completed: Successful	09/22/15
High	Bruce	09/08/15	10/31/15	10/31/15	Cancelled	10/31/15
Low	Bruce	09/08/15	11/01/15	10/31/15	Cancelled	10/31/15

Needs Assessment Date: 10/22/15

Need: 3 Housing Assistance Services

Subneed: 3 STRMU

Housing Plan Goal: Stabilize housing with final STRMU services. Transition to TBRA services.

Priority	Assigned to	Start date	Target date	Check-in date	Status	Status date
High	Blade	10/22/15	11/30/15	11/30/15	Completed: Successful	11/30/15
High	Blade	10/22/15	11/30/15	11/30/15	Completed: Successful	11/30/15
3						
4						
5						

Client Name: Bruce Wayne (SAMPLE)

Case Manager Name: Blade Berkman

Client Signature

Date: 09/08/15 Case Manager Signature:

Date: 09/08/15

Supportive Services Housing Plan

Form N

Client Name and/or ID Number:

Bruce Wayne (SAMPLE)

Housing Plan Date:

11/05/15

Housing Case Manager Name:

Blade Berkman

Program:

HOPWA

NOTE: To automatically fit row height to cell contents, locate the row heading for the cell and double click the bottom edge of the heading.

Primary housing barriers:		Plan to increase household income:		Plan to decrease household expenses:	
1	No or limited forms of identification	1	Find full-time employment	1	Apply for other housing assistance programs
2	Eviction history	2	Find part-time employment	2	Reduce "Wanted" expenses (see budget)
3	Insufficient or no income	3	Vocational/job training	3	Other
4		4		4	
If Other:		If Other:		If Other:	

Needs Assessment Date: 11/05/15

Need: 1 Housing Assistance Services

Obtain housing that meets TBRA requirements. Assist with application fee, security deposit, and first month's rent.

Housing Plan Goal:		Subneed:	
Tasks		1 PHP	
Priority	Assigned to	Start date	Target date
Medium	Bruce	11/05/15	11/12/15
High	Bruce	11/05/15	11/12/15
High	Bruce	11/05/15	11/30/15
High	Blade	11/05/15	11/30/15
High	Bruce	11/05/15	12/15/15
Status		Check-in date	Status
1 Make appointment with apartment locator		11/13/15	Completed: Partially
2 Find at least three units on Craigslist/other sites		11/13/15	Completed: Successful
3 Inform Blade of desired unit and owner contact info		11/17/15	Completed: Successful
4 Owner completes Form L, Blade coordinates payment		11/20/15	Completed: Successful
5 Sign lease with owner and provide copy to Blade		12/07/15	Completed: Successful

Needs Assessment Date: 11/05/15

Need: 2 Supportive Services

Maintain access and adherence to medical care. Obtain and maintain housing.

Housing Plan Goal:		Subneed:	
Tasks		2 Housing Case Management	
Priority	Assigned to	Start date	Target date
High	Bruce	11/05/15	11/12/15
High	Bruce	11/05/15	11/12/15
Low	Bruce	11/05/15	01/01/16
Low	Bruce	11/05/15	01/01/16
Medium	Bruce	11/05/15	01/01/16
Status		Check-in date	Status
1 Call Blade weekly to update on unit search		11/11/15	Completed: Successful
2 Attend upcoming doctor appointment		11/13/15	Completed: Successful
3 After move-in, call Blade monthly to touch base			In progress
4 After move-in, report changes in circumstances			In progress
5 Inform Blade of anything that could affect stability			In progress

Needs Assessment Date: 11/20/15

Need: 3 Housing Assistance Services

Start TBRA services; pay first month's rent under TBRA, not PHP.

Housing Plan Goal:		Subneed:	
Tasks		3 TBRA	
Priority	Assigned to	Start date	Target date
High	Blade	11/20/15	11/30/15
Medium	Blade	11/20/15	11/20/15
High	Blade	11/20/15	11/30/15
High	Blade	11/20/15	11/30/15
High	Barbara	01/15/16	01/31/16
Status		Check-in date	Status
1 Rent Standard/Rent Reasonableness Certification		11/25/15	Completed: Successful
2 Complete Form I, inform Bruce of his portion		11/25/15	Completed: Successful
3 Contact owner and inform of subsidy and start date		11/25/15	Completed: Successful
4 Initiate payments effective 12/01/15		12/01/15	Completed: Successful
5 Begin Earned Income Disregard		01/31/16	Completed: Successful

Client Name: Bruce Wayne (SAMPLE)

Case Manager Name: Blade Berkman

Date: 11/05/15

Case Manager Signature: _____

Date: 11/05/15

Case Notes

Interim Recertification Worksheet

Form O

(Must be completed if the household has experienced a change in income, residency, and/or composition and will remain in the program.)

Change in Household Income

HAS THE HOUSEHOLD EXPERIENCED A CHANGE IN INCOME OF \$200 OR MORE PER MONTH?

☐ Yes ☒ No

If yes, did household income increase or decrease?

☐ Increase ☐ Decrease

If yes, date of change: _____

	(Household Member)	(Income Source)	(Amount received in last 30 days)
Income change 1:	_____	_____	_____

Income change 2:	_____	_____	_____
------------------	-------	-------	-------

Income change 3:	_____	_____	_____
------------------	-------	-------	-------

Is household annual gross income still under 80% of AMI per household's county of residence? ☐ Yes ☐ No

Attach documentation of change in income (documentation must be complete and cover the 30 days preceding the recertification date). If household annual gross income exceeds 80% of AMI, household is no longer eligible for the program. Complete and attach Form I for TBRA households and Form C for all households.

Change in Household Residency

HAS THE HOUSEHOLD EXPERIENCED A CHANGE IN RESIDENCY?

☒ Yes ☐ No

If yes, date of change: _____

12/01/15

New physical address:

456 Martha Avenue, Gotham City, Texas 12345, Travis County

(Street and Unit)

(City)

(State)

(Zip)

(County)

Does the household still reside in the Project Sponsor's HIV Service Delivery Area (HSDA)?

☒ Yes ☐ No

Is household annual gross income still under 80% of AMI per household's county of residence? ☒ Yes ☐ No

Attach documentation of change in residency (documentation must be current as of the recertification date). If household is outside of the Project Sponsor's HSDA, program services will end immediately and the household may seek services from the HOPWA provider in their new HSDA. If household annual gross income exceeds 80% of AMI, household is no longer eligible for the program. Complete and attach Forms H and I for TBRA households and Forms C and G for all households.

Change in Household Composition

HAS THE HOUSEHOLD EXPERIENCED A CHANGE IN COMPOSITION?

☐ Yes ☒ No

If yes, did the number of household members increase or decrease?

☐ Increase ☐ Decrease

If yes, date of change: _____

Household member:	_____	<input type="checkbox"/> Joined	<input type="checkbox"/> Left
-------------------	-------	---------------------------------	-------------------------------

Household member:	_____	<input type="checkbox"/> Joined	<input type="checkbox"/> Left
-------------------	-------	---------------------------------	-------------------------------

Household member:	_____	<input type="checkbox"/> Joined	<input type="checkbox"/> Left
-------------------	-------	---------------------------------	-------------------------------

Is household annual gross income still under 80% of AMI per household's county of residence? ☐ Yes ☐ No

Attach eligibility documents for all new household members 18 years of age and older. If household annual gross income exceeds 80% of AMI, household is no longer eligible for the program. Complete and attach Forms C and E: Additional Beneficiaries data.

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the HOPWA Program, and may be grounds for termination of assistance. It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 USC §3801-3812.

Client Name: Bruce Wayne (SAMPLE)

Client Signature: _____ Date: 12/15/15

Case Manager Name: Blade Berkman

Case Manager Signature: _____ Date: 12/15/15

Household Income Eligibility Worksheet

Form C

(Must be completed before program entry and annual TBRA recertifications. Must be completed if there has been a change in circumstances.)

To be eligible for the DSHS HOPWA Program, household annual gross income cannot exceed 80% of Area Median Income per the household's county of residence. Collect proof of gross income for all household members 18 years of age and older (documentation must be complete and cover the 30 days preceding the program entry or recertification date). Annual gross income is from all sources anticipated during the 12-month period following the determination date. Therefore, income must be annualized (payment data multiplied by the number of payment periods per year for all sources). The **Determining Household Annual Gross Income Guide** outlines acceptable forms of documentation, whose income is counted, income inclusions and exclusions, and calculation guidance.

(Source: 24 CFR §574.3, §5.609)

Client Name and/or ID Number: Bruce Wayne (SAMPLE) **Date:** 12/15/15

(First) (Middle) (Last)

Address: 456 Martha Avenue, Gotham City, Texas 12345, Travis County

(Street and Unit) (City) (State) (Zip) (County)

Household Annual Gross Income	
1 The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.	\$ 8,984.65
2 The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the household.	\$ 0.00
3 Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in line 2 above. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the household. Where the household has net assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.	\$ 1,034.78
4 The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in line 14 of Annual Income Exclusions).	\$ 10,272.00
5 Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in line 3 of Annual Income Exclusions).	\$ 0.00
6 Welfare assistance payments. (i) Welfare assistance payments made under Temporary Assistance for Needy Families (TANF) are included in annual income only to the extent such payments qualify as assistance under the TANF program definition at 45 CFR §260.31 and are not otherwise excluded under Annual Income Exclusions. (ii) If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities plus the maximum amount that the welfare assistance agency could in fact allow the household for shelter and utilities. If the household's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.	\$ 0.00
7 Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.	\$ 0.00
8 All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in line 7 of Annual Income Exclusions).	\$ 0.00
9 Household Annual Gross Income (Sum of lines 1-8)	\$ 20,291.42
10 Enter 80% of Area Median Income per the household's county of residence for this household size.	\$ 61,450.00
Area Median Income Tables	
Use the following criteria to determine income eligibility (if Line 9 is greater than Line 10, then ineligible):	
Enter the number of household members at the time of this certification:	4
Enter the household's county of residence:	Travis
County of residence has been verified via U.S. Postal Service or other confirmation tool:	Yes
Eligible	

Habitability Standards Certification

Form G

(Must be completed before assisting a unit and annual TBRA recertifications. Must be completed if there has been a change in residency.)

Assisted units must be safe, sanitary, and compliant with all state and local housing codes, licensing requirements, or other local requirements. In addition, housing must meet all Housing Quality Standards as well as Lead-Based Paint and Fire Safety requirements to be approved. TBRA housing must be inspected. STRMU and PHP housing do not require inspections, but households must certify their housing meets all standards and requirements. Mark each standard as A for approved or D for deficient.

(Source: 24 CFR §574.310(b), §574.635, §35, and CPD-94-05)

Client Name: Bruce Wayne (SAMPLE)
(First) (Middle) (Last)

Property Address: 456 Martha Avenue, Gotham City, Texas 12345, Travis County
(Street and Unit) (City) (State) (Zip) (County)

Property Contact: Harvey Dent, 222-222-2222
(Owner/Representative Name) (Contact Information)

Housing Quality Standards and Additional Requirements

A	1.	Structure and materials: The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
A	2.	Access: The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of exiting in case of fire.
A	3.	Space and security: Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.
A	4.	Interior air quality: Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
A	5.	Water supply: The water supply must be free from contamination at levels that threaten the health of individuals.
A	6.	Thermal environment: The housing must have adequate heating and/or cooling facilities in proper operating condition.
A	7.	Illumination and electricity: The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
A	8.	Food preparation and refuse disposal: All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
A	9.	Sanitary condition: The housing and any equipment must be maintained in sanitary condition.
A	10.	Lead-based paint: If the structure was built prior to 1978, and a child under the age of six or a pregnant woman will reside in the property, and the property has a defective paint surface inside or outside the structure, the property cannot be approved until the defective surface is repaired by at least scraping and painting the surface with two coats of non-lead based paint. Defective paint surface means: Applicable surface on which paint is cracking, scaling, chipping, peeling or loose. If a child under age six residing in the HOPWA-assisted property has an Elevated Blood Level, paint surfaces must be tested for lead-based paint. If lead is found present, the surface must be abated in accordance with 24 CFR §35. Use the following criteria to determine if a property can be approved or is deficient: <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div> <ul style="list-style-type: none"> • Date the structure was built or rehabilitated: <u>1996</u> • A child under the age of six will reside in the property: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • A pregnant woman will reside in the property: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="border: 1px dashed black; padding: 5px; width: 150px;"> <div style="text-align: center;">N/A</div> <div style="font-size: small;">(If pamphlet received, client initials)</div> </div> </div> <p>If before 1978 provide a "Protect Your Family from Lead in Your Home" pamphlet.</p> <p>If before 1978 <u>and</u> a child under the age of six or pregnant woman will reside in the property, then visually assess. Visual assessments are unnecessary for zero-bedroom units or if unit meets other exemptions in 24 CFR §35.115(a).</p> </div>
A	11.	Smoke detectors: The HOPWA Program must comply with the Fire Administration Authorization Act of 1992 (P.L. 102-522). Smoke detectors must be installed in accordance with NFPA 74, or more stringent local policies as applicable. Existing units must contain a single or multiple station smoke detector; outside each sleeping area; on each level; battery operated or hard wired; clearly audible or interconnected. Accommodations must be made for individuals with sensory impairments.

Certifications

<input checked="" type="checkbox"/> TBRA	I am <u>not</u> a HUD certified inspector. I have evaluated the property above to the best of my ability and find: <input checked="" type="checkbox"/> The property meets all standards. <input type="checkbox"/> The property does <u>not</u> meet all standards.
Case Manager Name: <u>Blade Berkman</u>	
Case Manager Signature: _____ Date: <u>11/30/15</u>	
<input type="checkbox"/> STRMU or PHP	I have read the standards above. I certify to the best of my ability that my residence meets all standards.
Client Name: _____	
Client Signature: _____ Date: _____	

Interim Recertification Worksheet

Form O

(Must be completed if the household has experienced a change in income, residency, and/or composition and will remain in the program.)

Change in Household Income

HAS THE HOUSEHOLD EXPERIENCED A CHANGE IN INCOME OF \$200 OR MORE PER MONTH?

☒ Yes ☐ No

If yes, did household income increase or decrease?

☒ Increase ☐ Decrease

If yes, date of change:

01/01/16

	(Household Member)	(Income Source)	(Amount received in last 30 days)
Income change 1:	Barbara Gordon started working as Oracle. First gross monthly payment: \$1,500.00. Received 01/01/16.		

Income change 2:

Income change 3:

Is household annual gross income still under 80% of AMI per household's county of residence?

☒ Yes ☐ No

Attach documentation of change in income (documentation must be complete and cover the 30 days preceding the recertification date). If household annual gross income exceeds 80% of AMI, household is no longer eligible for the program. Complete and attach Form I for TBRA households and Form C for all households.

Change in Household Residency

HAS THE HOUSEHOLD EXPERIENCED A CHANGE IN RESIDENCY?

☐ Yes ☒ No

If yes, date of change:

New physical address:

(Street and Unit)

(City)

(State)

(Zip)

(County)

Does the household still reside in the Project Sponsor's HIV Service Delivery Area (HSDA)?

☐ Yes ☐ No

Is household annual gross income still under 80% of AMI per household's county of residence?

☐ Yes ☐ No

Attach documentation of change in residency (documentation must be current as of the recertification date). If household is outside of the Project Sponsor's HSDA, program services will end immediately and the household may seek services from the HOPWA provider in their new HSDA. If household annual gross income exceeds 80% of AMI, household is no longer eligible for the program. Complete and attach Forms H and I for TBRA households and Forms C and G for all households.

Change in Household Composition

HAS THE HOUSEHOLD EXPERIENCED A CHANGE IN COMPOSITION?

☐ Yes ☒ No

If yes, did the number of household members increase or decrease?

☐ Increase ☐ Decrease

If yes, date of change:

Household member:

☐ Joined ☐ Left

Household member:

☐ Joined ☐ Left

Household member:

☐ Joined ☐ Left

Is household annual gross income still under 80% of AMI per household's county of residence?

☐ Yes ☐ No

Attach eligibility documents for all new household members 18 years of age and older. If household annual gross income exceeds 80% of AMI, household is no longer eligible for the program. Complete and attach Forms C and E: Additional Beneficiaries data.

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the HOPWA Program, and may be grounds for termination of assistance. It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 USC §3801-3812.

Client Name: Bruce Wayne (SAMPLE)

Client Signature: _____

Date: 01/15/16

Case Manager Name: Blade Berkman

Case Manager Signature: _____

Date: 01/15/16

Household Income Eligibility Worksheet

Form C

(Must be completed before program entry and annual TBRA recertifications. Must be completed if there has been a change in circumstances.)

To be eligible for the DSHS HOPWA Program, household annual gross income cannot exceed 80% of Area Median Income per the household's county of residence. Collect proof of gross income for all household members 18 years of age and older (documentation must be complete and cover the 30 days preceding the program entry or recertification date). Annual gross income is from all sources anticipated during the 12-month period following the determination date. Therefore, income must be annualized (payment data multiplied by the number of payment periods per year for all sources). The **Determining Household Annual Gross Income Guide** outlines acceptable forms of documentation, whose income is counted, income inclusions and exclusions, and calculation guidance.

(Source: 24 CFR §574.3, §5.609)

Client Name and/or ID Number: Bruce Wayne (SAMPLE) **Date:** 01/15/16

(First) (Middle) (Last)

Address: 456 Martha Avenue, Gotham City, Texas 12345, Travis County

(Street and Unit) (City) (State) (Zip) (County)

Household Annual Gross Income								
1 The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.	\$ 26,984.65							
2 The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the household.	\$ 0.00							
3 Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in line 2 above. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the household. Where the household has net assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.	\$ 1,034.78							
4 The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in line 14 of Annual Income Exclusions).	\$ 10,272.00							
5 Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in line 3 of Annual Income Exclusions).	\$ 0.00							
6 Welfare assistance payments. <i>(i) Welfare assistance payments made under Temporary Assistance for Needy Families (TANF) are included in annual income only to the extent such payments qualify as assistance under the TANF program definition at 45 CFR §260.31 and are not otherwise excluded under Annual Income Exclusions.</i> <i>(ii) If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities plus the maximum amount that the welfare assistance agency could in fact allow the household for shelter and utilities. If the household's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.</i>	\$ 0.00							
7 Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.	\$ 0.00							
8 All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in line 7 of Annual Income Exclusions).	\$ 0.00							
9 Household Annual Gross Income (Sum of lines 1-8)	\$ 38,291.42							
10 Enter 80% of Area Median Income per the household's county of residence for this household size.	\$ 61,450.00							
<div style="text-align: center;"><u>Area Median Income Tables</u></div> <p>Use the following criteria to determine income eligibility (if Line 9 is greater than Line 10, then ineligible):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Enter the number of household members at the time of this certification:</td> <td style="width: 10%; text-align: center; border-bottom: 1px solid black;">4</td> <td rowspan="3" style="width: 30%; text-align: center; vertical-align: middle; font-size: 1.2em;">Eligible</td> </tr> <tr> <td>Enter the household's county of residence:</td> <td style="text-align: center; border-bottom: 1px solid black;">Travis</td> </tr> <tr> <td>County of residence has been verified via U.S. Postal Service or other confirmation tool:</td> <td style="text-align: center; border-bottom: 1px solid black;">Yes</td> </tr> </table>		Enter the number of household members at the time of this certification:	4	Eligible	Enter the household's county of residence:	Travis	County of residence has been verified via U.S. Postal Service or other confirmation tool:	Yes
Enter the number of household members at the time of this certification:	4	Eligible						
Enter the household's county of residence:	Travis							
County of residence has been verified via U.S. Postal Service or other confirmation tool:	Yes							

Line 1

Wages	Source 1	Source 2	Source 3	Source 4
Household member name	Alfred Pennyworth	Alfred Pennyworth		
Is member 18 or older?	Yes	Yes		
Is member a full-time dependent student?	No	No		
Income source	Butler	Gardener		
Pay frequency	Bi-weekly (every other week)	Daily/Day Labor		
Average work days per week		2.00		
Hourly pay rate	\$9.68	\$7.25	\$0.00	\$0.00
Combined wage hours of paystubs	68.00	32.00	0.00	0.00
Number of paystubs	3	8	0	0
Average wage hours per paystub	22.67	4.00	0.00	0.00
Pay frequency multiplier	26.00	52.00	0.00	0.00
Annualization	\$5,704.75	\$3,016.00	\$0.00	\$0.00

Salaries	Source 1	Source 2	Source 3	Source 4
Household member name	Barbara Gordon			
Is member 18 or older?	Yes			
Is member a full-time dependent student?	No			
Income source	Oracle			
Pay frequency	Monthly			
Amount received per paystub	\$1,500.00	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	12.00	0.00	0.00	0.00
Annualization	\$18,000.00	\$0.00	\$0.00	\$0.00

Overtime	Source 1	Source 2	Source 3	Source 4
Household member name	Alfred Pennyworth			
Is member 18 or older?	Yes			
Is member a full-time dependent student?	No			
Income source	Butler (Batcave Hours)			
Pay frequency	Bi-weekly (every other week)			
Average work days per week				
Overtime pay rate	\$10.15	\$0.00	\$0.00	\$0.00
Combined overtime hours of paystubs	3.00	0.00	0.00	0.00
Number of paystubs	3	0	0	0
Average overtime hours per paystub	1.00	0.00	0.00	0.00
Pay frequency multiplier	26.00	0.00	0.00	0.00
Annualization	\$263.90	\$0.00	\$0.00	\$0.00

Line 3

Note: Do not duplicate information from Line 4.

Total cash value of assets **\$55,679.00** Passbook rate: **0.06%**
 Total earnings or other income **\$33.41**
 Total periodic withdrawals **\$1,034.78** Imputed income: **\$0.00** When the total cash value of assets exceeds \$5,000.00, annual asset income will be the greater of the actual income or imputed income.
 Total periodic payments **\$0.00**

Bank accounts	Source 1	Source 2	Source 3
Household member name			
Asset type			
Asset value	\$0.00	\$0.00	\$0.00
Annual interest rate	0.00%	0.00%	0.00%
Can asset be converted to cash?			
Asset cash value	\$0.00	\$0.00	\$0.00
Annualization	\$0.00	\$0.00	\$0.00

Real estate	Source 1	Source 2	Source 3
Household member name			
Asset source			
Asset value	\$0.00	\$0.00	\$0.00
Outstanding mortgage	\$0.00	\$0.00	\$0.00
Cost to sell (broker fees, closing, inspections, etc.)	\$0.00	\$0.00	\$0.00
Is asset producing periodic payments (rent, etc.)?			
If receiving periodic payments, current pay frequency			
If "other," current payments per year			
If receiving periodic payments, current payment amount			
If receiving periodic payments, <i>annual</i> maintenance costs			
Asset cash value	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	0.00	0.00	0.00
Annualization	\$0.00	\$0.00	\$0.00

Line 3

Trusts		Source 1	Source 2	Source 3
Household member name		Bruce Wayne		
Asset source		Revocable trust fund		
Asset value		\$58,985.00	\$0.00	\$0.00
Annual growth estimate		1.50%	0.00%	0.00%
Annual other income (dividends, etc.)		\$150.00	\$0.00	\$0.00
Can member access annual earnings?		Yes		
Can asset be converted to cash?		Yes		
If "yes," estimated tax penalty		\$2,654.00		
If "yes," estimated other penalties		\$652.00		
Is asset periodically making payments or being withdrawn?		No		
If receiving periodic payments, current pay frequency				
If "other," current payments per year				
If receiving periodic payments, current payment amount				
If making periodic withdrawals, withdrawal frequency				
If "other," current withdrawals per year				
If making periodic withdrawals, current withdrawal amount				
Asset cash value		\$55,679.00	\$0.00	\$0.00
Pay frequency multiplier		0.00	0.00	0.00
Withdrawal frequency multiplier		0.00	0.00	0.00
Annualization		\$1,034.78	\$0.00	\$0.00

Stocks		Source 1	Source 2	Source 3
Household member name				
Asset source				
Asset value		\$0.00	\$0.00	\$0.00
Annual growth estimate		0.00%	0.00%	0.00%
Annual other income (dividends, etc.)		\$0.00	\$0.00	\$0.00
Can asset be converted to cash?				
If "yes," estimated tax penalty				
If "yes," estimated other penalties				
Is asset periodically making payments or being withdrawn?				
If receiving periodic payments, current pay frequency				
If "other," current payments per year				
If receiving periodic payments, current payment amount				
If making periodic withdrawals, withdrawal frequency				
If "other," current withdrawals per year				
If making periodic withdrawals, current withdrawal amount				
Asset cash value		\$0.00	\$0.00	\$0.00
Pay frequency multiplier		0.00	0.00	0.00
Withdrawal frequency multiplier		0.00	0.00	0.00
Annualization		\$0.00	\$0.00	\$0.00

Note: Do not duplicate information from Line 3.

Line 4				
Note: Do not duplicate information from Line 3.				
Social Security	Source 1	Source 2	Source 3	Source 4
Household member name	Barbara Gordon			
Income source	Disability Income			
Pay frequency	Monthly			
If "other," payments per year				
Amount received per payment	\$856.00	\$0.00	\$0.00	\$0.00
Lump-sum for pay delay (<i>not</i> deferral)	\$0.00	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	12.00	0.00	0.00	0.00
Annualization	\$10,272.00	\$0.00	\$0.00	\$0.00
Veteran Benefits	Source 1	Source 2	Source 3	Source 4
Household member name				
Income source				
Pay frequency				
If "other," payments per year				
Amount received per payment	\$0.00	\$0.00	\$0.00	\$0.00
Lump-sum for pay delay (<i>not</i> deferral)	\$0.00	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	0.00	0.00	0.00	0.00
Annualization	\$0.00	\$0.00	\$0.00	\$0.00
Annuities	Source 1	Source 2	Source 3	Source 4
Household member name				
Income source				
Pay frequency				
If "other," payments per year				
Amount received per payment	\$0.00	\$0.00	\$0.00	\$0.00
Lump-sum for pay delay (<i>not</i> deferral)	\$0.00	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	0.00	0.00	0.00	0.00
Annualization	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Policies	Source 1	Source 2	Source 3	Source 4
Household member name				
Income source				
Pay frequency				
If "other," payments per year				
Amount received per payment	\$0.00	\$0.00	\$0.00	\$0.00
Lump-sum for pay delay (<i>not</i> deferral)	\$0.00	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	0.00	0.00	0.00	0.00
Annualization	\$0.00	\$0.00	\$0.00	\$0.00

TBRA Worksheet
Form I

(Must be completed before TBRA services start and annual TBRA recertifications. Must be completed if there has been a change in circumstances or rent.)

Households receiving TBRA services must pay as rent, including utilities, an amount which is the higher of: (1) 30 percent of the household's monthly adjusted income (adjustment factors include the age of the individual, medical expenses, size of household and child care expenses and are described in detail in 24 CFR §5.611); (2) 10 percent of the household's monthly gross income; or (3) if the household is receiving payments for welfare assistance from a public agency and a part of the payments, adjusted in accordance with the household's actual housing costs, is specifically designated by the agency to meet the household's housing costs, the portion of the payment that is designated for housing costs. The **Determining Household Annual Adjusted Income Guide** outlines acceptable forms of deduction verification and deduction calculation guidance.

(Source: 24 CFR §574.310(d))

Client Name and/or ID Number:

Bruce Wayne (SAMPLE)

(First)

(Middle)

(Last)

Address:

456 Martha Avenue, Gotham City, Texas 12345, Travis County

(Street)

(Unit)

(City)

(State)

(Zip)

(County)

Effective Date:

02/01/16

Shared Housing?

No

Section 1: Household Annual and Monthly Gross Income

1 HOUSEHOLD ANNUAL GROSS INCOME (Form C, Line 9)

\$ 38,291.42

2 HOUSEHOLD ANNUAL GROSS INCOME LESS EID (Line 1 minus EID Tabs)

\$ 20,291.42

3 HOUSEHOLD MONTHLY GROSS INCOME (Line 2 divided by 12)

\$ 1,690.95

Section 2: Deductions

Project Sponsors must attach documentation of all deductions claimed by the household. Only third-party verification is permitted.

4 \$480 FOR EACH DEPENDENT

Dependents include household members who are minors under 18 years of age, members of any age who are disabled, or members who are full-time students, but not the head of household, co-head, spouse, sole member, foster children, or foster adults.

1
(Number of Dependents)

\$ 480.00

5 \$400 FOR ELDERLY OR DISABLED HOUSEHOLDS

This deduction is provided to any household whose head, co-head, spouse, or sole member is at least 62 years of age or is disabled. This deduction always applies to households with persons with HIV/AIDS if they are the head, co-head, spouse, or sole member. Households that are program eligible only due to a minor with HIV are not eligible for this deduction. Only one deduction per household.

Yes
(Meets Criteria?)

\$ 400.00

6 UNREIMBURSED MEDICAL EXPENSES

These are expenses anticipated during the year that will not be reimbursed, to the extent the sum exceeds 3% of household annual gross income. The attendant care and auxiliary apparatus deduction may not exceed the earned income of household members 18 years of age or older who are able to work because of such attendant care or auxiliary apparatus. Attendant care expenses cannot be paid to another household member.

\$ 0.00

(Line 6e)

a) Unreimbursed medical expenses for elderly or disabled households

\$ 235.56

b) Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member who is elderly or disabled that enables that member or any other member to work

\$ 150.35

c) Total unreimbursed medical expenses (Sum of Lines 6a & 6b)

\$ 385.91

d) 3% of household annual gross income (Line 2 x 0.03)

\$ 608.74

e) Allowable medical expense deduction (Line 6c minus 6d)

\$ 0.00

If result is a negative number enter \$0.

7 UNREIMBURSED CHILDCARE EXPENSES

These are expenses anticipated during the year that will not be reimbursed for children 12 years of age and under that enable a household member to work, seek employment, or to further education. The childcare deduction may not exceed the earned income of household members 18 years of age or older who are able to work because of such childcare. Childcare expenses cannot be paid to another household member.

\$ 0.00

TBRA Worksheet
Form I

Section 3: Household Monthly Adjusted Income

8 HOUSEHOLD MONTHLY ADJUSTED INCOME

\$ 1,617.62

(Line 8d)

- a) Household annual gross income (Line 2) \$ 20,291.42
- b) Total deductions (Sum of Lines 4, 5, 6, & 7) \$ 880.00
- c) Household annual adjusted income (Line 8a minus 8b)
If result is a negative number enter \$0. \$ 19,411.42
- d) Household monthly adjusted income (Line 8c divided by 12)
If Line 8c is \$0, enter \$0. \$ 1,617.62

Section 4: Household Monthly Rent Payment

9 HOUSEHOLD MONTHLY RENT PAYMENT TO OWNER

\$ 365.29

(Line 9f)

- a) 30% of household monthly adjusted income (Line 8d x 0.30) \$ 485.29
- b) 10% of household monthly gross income (Line 3 x 0.10) \$ 169.10
- c) Household's monthly public assistance designated for housing costs \$ 0.00
- d) Total household monthly rent payment (Greater of Lines 9a, 9b, or 9c) \$ 485.29
- e) Current utility allowance (Form H)
A household must receive a utility allowance if they pay a separate utility vendor in addition to rent and utilities that are paid to the owner. Copies of HUD-approved utility allowance charts may be obtained from local Housing Authorities and are updated periodically. If the allowance is greater than Line 9d, the adjusted household rent payment is \$0 and the difference ("utility reimbursement") must be paid to the utility vendor. If household does not qualify for a utility allowance, enter \$0. \$ 120.00
- f) Household rent payment less utility allowance (Lines 9d minus 9e)
If result is a negative number enter \$0. \$ 365.29

Section 5: TBRA Monthly Rent Payment

10 TBRA MONTHLY RENT PAYMENT TO OWNER

\$ 1,349.71

(Line 10c)

- a) Unit rent to owner per current lease agreement (Form H) \$ 1,715.00
- b) Household rent payment to owner (Line 9f) \$ 365.29
- c) TBRA rent payment to owner (Line 10a minus 10b)
If Line 10c is \$0 or less household does not qualify for TBRA services. \$ 1,349.71

11 TBRA MONTHLY UTILITY REIMBURSEMENT PAYMENT TO UTILITY VENDOR

\$ 0.00

(Line 11d)

- If Line 9e is greater than 9d, the difference ("utility reimbursement") must be paid to the utility vendor. Complete Lines 11a through 11d to determine the amount paid to the utility vendor. The combined TBRA payment to the owner and payment to the utility vendor cannot exceed the lower of the rent standard or reasonable rent for the unit less the household payment. If Line 9e is not greater than line 9d enter \$0.
- a) Lower of the rent standard or reasonable rent for the unit (Form H) \$ 1,845.00
- b) Difference of the lower and TBRA payment to owner (Line 11a minus 10c) \$ 495.29
- c) Difference of allowance and household payment to owner (Line 9e minus 9d) \$ 0.00
- d) TBRA utility payment to utility vendor (Lower of Lines 11b or 11c) \$ 0.00

The household must pay the monthly rent payment on Line 9. The Project Sponsor will pay the remaining portion of monthly rent and utilities on Lines 10 and 11. The household is contractually obligated to pay the full amount of rent per their current lease agreement and, if the Project Sponsor is unable to pay the amounts on Lines 10 and 11, it is ultimately the household's responsibility to pay housing costs. I have completed Form H and verified that the gross rent of the unit is at or below the lower of the rent standard or reasonable rent and that the sum of Lines 9, 10, and 11 does not exceed the lower of the rent standard or reasonable rent.

Case Manager Name: Blade Berkman

Case Manager Signature: _____ Date: 01/15/16

Earned Income Disregard Form I

(Earned Income Disregard cannot be claimed during the initial TBRA calculation, but can be claimed during an interim or annual TBRA calculation.)

Earned Income Disregard (EID)

Per 24 CFR §5.617, HUD requires disregard for income to previously unemployed persons with disabilities who are receiving TBRA services. Previously unemployed means a person with disabilities who has earned, in the twelve months previous to employment, no more than would be received for 500 hours of work at the established minimum wage. EID is not used to determine household income eligibility for the DSHS HOPWA Program.

Minimum Wage Tables

EARNED INCOME DISREGARD

To qualify for the EID, the household must

a) Be a household with a disabled member receiving TBRA services.

The household must also meet any one of the following:

b) A disabled member's earned income increases as a result of employment after a period of unemployment of one or more years prior to employment, or earning no more than minimum wage for 500 hours or less during the past 12 months;

c) A disabled member's earned income increases as a result of participation in an economic self-sufficiency program or other job-training program; or

d) A disabled member's earned income increases as a result of employment during or within six months after receiving assistance, benefits, or services under TANF or a Welfare-to-Work program (including one time only cash assistance of at least \$500.)

\$ 18,000.00

Meets Criteria?

Yes

If b, c, or d are "yes," use this tab to determine how much earned income to disregard.

If "no", leave this tab blank.

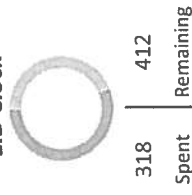
The person with disabilities may qualify for 24 months of EID after the start date of the increase in earned income. During the first 12 months, 100% of any increase in earned income over the member's baseline must be disregarded. During the second 12 months, 50% of any increase in earned income over the member's baseline must be disregarded. Qualifying members are limited to a lifetime EID maximum of 24 months.

Qualifying Household Member Name	EID Start Date	EID End Date	Current Phase
Barbara Gordon	01/01/16	12/31/17	100%

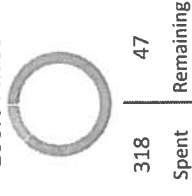
Baseline Calculator

a) Annual gross earned income of individual before qualifying for EID See previous Form C, Lines 1, 2, & 8 for individual's prior earned income.	\$ 0.00
b) Annual gross other income of individual before qualifying for EID See previous Form C, Lines 3, 4, 5, 6, & 7 for individual's prior other income.	\$ 10,272.00
c) Baseline income of individual before qualifying for EID (Sum of Lines a & b)	\$ 10,272.00

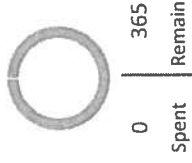
EID Clock



100% Phase



50% Phase



Days Spent
Days Remaining

Days Spent
Days Remaining

Days Spent
Days Remaining

Employment Period Tracking

a) Annual gross earned income of individual after qualifying for EID
See Form C, Lines 1, 2, & 8 for individual's current earned income.

b) Annual gross other income of individual after qualifying for EID
See Form C, Lines 3, 4, 5, 6, & 7 for individual's current other income.

c) Employment period start date
Period 1 must match EID Start Date.

d) Employment period end date

Period 1

\$ 18,000.00

\$ 10,272.00

01/01/16

Period 2

\$ 0.00

\$ 0.00

Period 3

\$ 0.00

\$ 0.00

Period 4

\$ 0.00

\$ 0.00

Documentation of Deduction Values

Check Request Vouchers

Supporting Documentation

(Executed leases, mortgages, utility bills, ledgers, etc. that were paid for)

NOTE: Supporting documentation must be current and predate housing assistance transaction dates.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant. Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ¹
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Service Outcome Assessment and Program Exit Worksheet

Form P

(Track TBRA, STRMU, and Supportive Services outcomes as they happen. If all services have ended and household will be terminated, enter program exit data.)

Client Name: Bruce Wayne (SAMPLE)
(First) (Middle) (Last)

Housing Assistance Services: TBRA Outcome Assessment

Household destination	Service Start Date: <u>12/01/15</u>	Service End Date: <u>01/01/16</u>	Outcome	
	<input type="checkbox"/> Private Housing	<input checked="" type="checkbox"/> Will continue to the next program year	Stable/Permanent Housing	
	<input type="checkbox"/> Other HOPWA			
	<input type="checkbox"/> Other Subsidy			
	<input type="checkbox"/> Institution			
	<input type="checkbox"/> Temporary Housing			
	<input type="checkbox"/> Emergency Shelter/Streets		-----	Temporarily Stable/Reduced Risk
	<input type="checkbox"/> Jail/Prison		-----	Unstable Arrangements
	<input type="checkbox"/> Disconnected/Unknown		-----	Life Event
	<input type="checkbox"/> Death			

Housing Assistance Services: STRMU Outcome Assessment

Household status	Service Start Date: <u>09/10/15</u>	Service End Date: <u>11/30/15</u>	Outcome	
	<input type="checkbox"/> Maintain private housing <u>without</u> subsidy <small>(Client received assistance and is stable, unlikely to seek additional support)</small>	<input checked="" type="checkbox"/> Other HOPWA housing assistance (Permanent Housing)	Stable/Permanent Housing	
	<input type="checkbox"/> Other private housing without subsidy <small>(Client found new housing and is stable, unlikely to seek additional support)</small>			
	<input type="checkbox"/> Other housing assistance (Permanent Housing)			
	<input type="checkbox"/> Institution <small>(e.g., residential and long-term care)</small>			
	<input type="checkbox"/> Likely that additional STRMU is needed to maintain current housing arrangements			
	<input type="checkbox"/> Transitional facilities/short-term <small>(e.g., temporary or transitional with formal arrangement)</small>		-----	Temporarily Stable
	<input type="checkbox"/> Temporary/non-permanent housing arrangement <small>(Client ended lease; moved in with someone; will live there 90 days or less)</small>		-----	Reduced Risk of Homelessness
	<input type="checkbox"/> Emergency shelter/street		-----	Unstable Arrangements
	<input type="checkbox"/> Jail/prison		-----	Life Event
	<input type="checkbox"/> Disconnected			
	<input type="checkbox"/> Death			
	STRMU History			
	<input type="checkbox"/> Received STRMU this program year and the prior program year (two consecutive years)			
	<input type="checkbox"/> Received STRMU this program year and the two prior program years (three consecutive years)			
<input checked="" type="checkbox"/> Not applicable				

Supportive Services: Housing Case Management Outcome Assessment

Check all that apply	Service Start Date: <u>09/10/15</u>	Service End Date: <u>01/31/16</u>	Outcome	
	<input checked="" type="checkbox"/> Received housing case management (HOPWA Supportive Services or leveraged)	<input checked="" type="checkbox"/> Had a housing plan for maintaining or establishing stable on-going housing	Support for Stable Housing	
	<input checked="" type="checkbox"/> Had contact with a case manager per service plan schedule			
	<input checked="" type="checkbox"/> Had contact with a primary health care provider per service plan schedule		-----	Access to Support
	<input checked="" type="checkbox"/> Accessed or maintained medical insurance/assistance		-----	Access to Health Care
	<input checked="" type="checkbox"/> Accessed or maintained sources of income		-----	Sources of Income
	<input checked="" type="checkbox"/> Obtained an income-producing job			

Program Exit Date: _____ ☒ Not applicable, will continue to the next program year
(If applicable)

Reason for Exiting: ☒ Not applicable, will continue to the next program year ☐ Completed program ☐ Needs could not be met ☐ Criminal activity/violence ☐ Non-compliance with program ☐ Death ☐ Disagreement with rules/persons ☐ Left for housing opportunity before completing program ☐ Reached maximum time allowed ☐ Unknown/disappeared ☐ Other: _____

Case Manager Name: Blade Berkman

Case Manager Signature: _____ Date: 01/31/16